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DEPARTMENT OF HUMAN SERVICES

Home and Community-Based Services Lead Agency Review

Round 4: Mid-round Report

Report issued: August 2021

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For more information, contact

Minnesota Department of Human Services Lead Agency Review Team:

Lead Agency Review email

Lead Agency Review website

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About the HCBS Lead Agency Review process

Each year, Minnesota spends approximately $4.1 billion in state and federal funds on Medical Assistance long-term services and supports (LTSS) programs that serve almost 120,000 people statewide. These programs are large, and demand is growing. By 2023, these programs will serve nearly 132,000 people in the state. LTSS programs have a significant impact on people in Minnesota, so it is crucial that they enhance the quality of life and independence of people who rely on them.

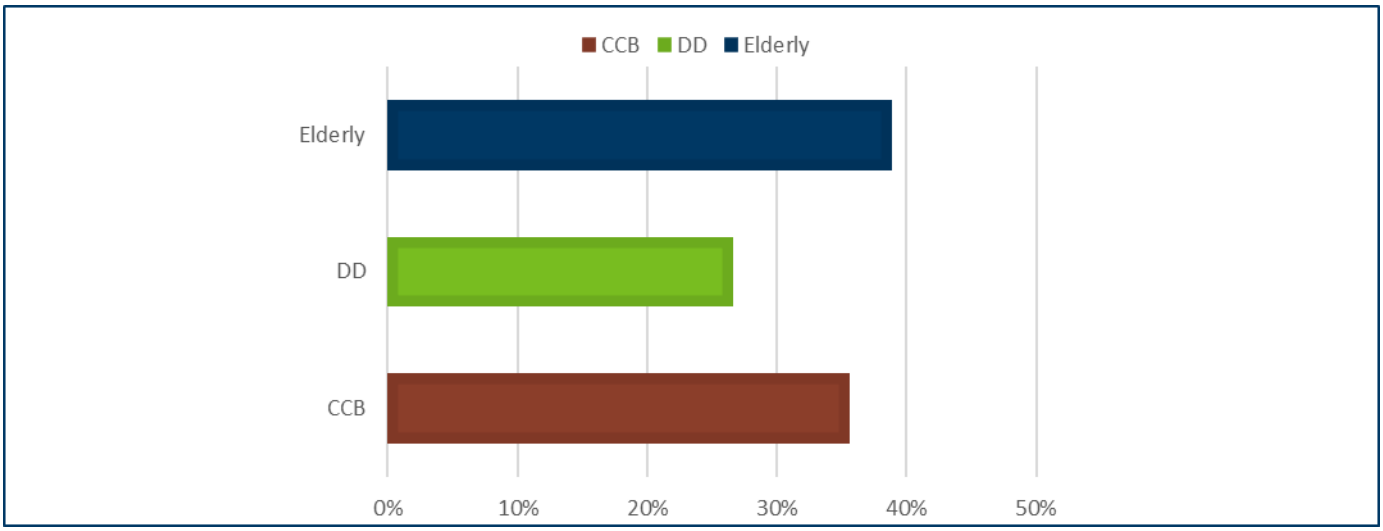
The Lead Agency Review process is how Minnesota's Department of Human Services (DHS) evaluates the delivery of Home and Community-Based Services (HCBS) provided by lead agencies throughout the state. HCBS is a subset of LTSS and refers to the services a person receives due to a chronic health condition or disability, which are delivered in their home or other community-based settings. These services and supports include: home care, nursing, personal care assistance, the Consumer Support Grant and Medical Assistance waiver programs.

To assure HCBS works for the people who need them, the Lead Agency Review team examines the six Medical Assistance waiver programs in each lead agency (counties and tribal nations) across the state. The six programs are:

- Alternative Care (AC) program
- Brain Injury (BI) Waiver
- Community Alternative Care (CAC) Waiver
- Community Access for Disability Inclusion (CADI) Waiver
- Developmental Disabilities (DD) Waiver
- Elderly Waiver (EW).

NOTE: BI, CAC and CADI are often grouped into one category, referred to as CCB.

Figure 1: Percentage of total HCBS participants statewide, by waiver category (July 2019)



Mixed methods approach

The Lead Agency Review (LAR) process has four main goals:

- Assure the compliance of counties and tribal nations in the administration of HCBS programs
- Share performance on key measures and outcomes to better support the people of Minnesota
- Promote collaboration amongst lead agencies with best practices and innovation approaches
- Share best practices and feedback to DHS to promote state improvements.

To accomplish these goals, LAR uses a mixed-method approach to collect and review data, much of which is gathered during a multi-day site visit. The methods include: case file review, a lead agency multi-track survey, onsite meetings and focus groups. These methods provide a full picture of compliance, understanding of standard practices within each lead agency and further explain how people benefit from the HCBS programs in the specific county. The data collected also provides supporting information that informs strengths, recommendations, or corrective actions that may be issued to a lead agency upon completion of the review. These methods also allow DHS to document compliance and remediation (when necessary) to the Center for Medicare & Medicaid Services (CMS).

The process of a lead agency review has remained fairly stable over the years. It is a six-month cycle from start to finish, beginning with initial interviews of the lead agency directors, managers and supervisors along with a survey sent to all lead agency staff (and contracted staff, when applicable) who work with the HCBS programs. The list of case files being reviewed is sent approximately one month prior to the onsite visit, allowing time for the lead agency to review and prepare for the visit. Once onsite, further interviews are conducted with management, focus groups are held with case managers and assessors and case file review is completed. Follow-up includes a 60-day period for the lead agency to make corrections to any case files that had non-compliant measures and a 10-day period for them to write an action plan to address any corrective actions issued during the review. The LAR team also writes a report, noting information gathered during the review and the final results of the case file review. The review officially ends when both the report and the corrective action plan are posted to the LAR website.

Changes in Lead Agency Review due to COVID-19

As the COVID-19 pandemic has spread throughout the country, it has certainly affected the way many of us perform our work; the LAR process is no different. Although many of the activities of the review remain the same, the process by which they are completed has been significantly affected. As previously mentioned, prior to COVID, a typical review consisted of a multi-day visit at the lead agency's location. However, with the ongoing pandemic, the LAR team has shifted the entire process to a remote review. To accomplish this, additional technologies, such as a secure-access file sharing system, an online communication forum, and video conferencing have been added to the process to ensure both access and data-privacy compliance.

DHS recognizes that the shift to remote reviews has created challenges for lead agencies, because this process requires additional coordination and effort between lead agency staff and the LAR team to maintain open communication and ensure program documentation requirements are readily available to both entities. However, continued completion of site reviews is necessary to ensure DHS continues to meet the targeted

timelines for reviews outlined in the five federally approved waiver plans and the Alternative Care Program. It is expected that reviews will remain remote for the foreseeable future.

Counties reviewed

This report reflects information gathered from April 2019 – December 2020. Unless noted otherwise, charts and data are based on the results from the counties reviewed during this time period.

- Carver
- Chippewa
- Crow Wing
- Douglas (DD only)
- Faribault/Martin
- Freeborn
- Goodhue
- Grant (DD only)
- Hennepin
- Horizon Public Health
- Houston
- Isanti
- Itasca
- Koochiching
- Lac qui Parle
- Mahnomen
- Mille Lacs
- Mower
- Nobles
- Norman
- Olmsted
- Otter Tail
- Pope (DD only)
- Red Lake
- Renville
- Southwest Health and Human Services (Lincoln, Lyon, Murray, Pipestone, Redwood, Rock)
- Saint Louis
- Stevens (DD only)
- Traverse (DD only)
- Wabasha
- Wadena
- Washington
- Wright

Snapshot of the state

When looking at the general population of Minnesota, as of July 2019, the most ethnically diverse area in the state continues to be the Twin Cities Metro Area, with Ramsey County representing the most diversity within the 7-county metro area. Two of the more diverse counties in rural areas of the state had LAR visits during this reporting period; Mahnomen County, located in northwestern Minnesota, and Nobles County, in southwestern Minnesota. 42% of those in Mahnomen County identify as American Indian and nearly 30% of those in Nobles County identify as Hispanic.

Differences in diversity are often driven by the unique aspects of each region of the state. Much of the White Earth Band of Ojibwe reservation is located in Mahnomen County, leading to a higher rate of American Indian participation in that county, when compared to others around the state. Nobles County has a strong agriculture industry, offering job opportunities for those newly moving to the state. Additionally, Norman County, in northwestern Minnesota, is another reviewed county seeing growth in ethnic diversity, as it has a growing population of Iraqi refugees who have settled in the area. Lead agency staff shared this is driven by individuals working in the Fargo/Moorhead area that are attracted to the county due to its proximity to two larger cities and lower housing costs. The western region of the state continues to be the least racially and ethnically diverse area (white residents account for over 90% of the counties' populations), however, there are established and emerging BIPOC communities, such as the Micronesian community in Chippewa County.

Overall, 79% of Minnesota residents identify as white and 21% identify as Black, Indigenous and people of color (BIPOC.) When looking strictly at HCBS participants, as of July 2019, 61% self-identify as white and 34% self-identify as BIPOC. This represents a 4% decrease of participants identifying as white and a 2% increase in those identifying as BIPOC, since 2015.

When looking at diversity in age groups of the general state population, those falling between 25-64 years old represent the largest grouping at nearly 52% of the population (State Census, 2019). This is reflected in HCBS participants, where this age group is also the largest group receiving services, at 44% of all participants. Older adults, those 65 years old and older, make up 16% of the state's general population but account for nearly 35% of all HCBS participants. In addition, this portion of HCBS is expected to grow as their percentage of the general population is expected to increase from 16% to 21% by 2030. This means lead agencies around the state will begin to see the age of those in need of services shift more towards this population, creating a need for more age-friendly services. The most commonly accessed HCBS services for this group are Customized Living and Homemaker, meaning demand for these services will likely increase over the next few years. Lead agencies must work to position themselves, and local providers, to effectively respond to the increasing needs of this population.

As with the older adult population, each age group has its own specific needs and challenges. One particularly complex group is those in "transition-age", commonly between 16-26 years old. These individuals are often going through many life changes that require a different level of support and knowledgebase, compared to traditional waiver case management. Many are graduating from high school, trying to enter the work force and looking to move into their own apartment. This presents the need for additional support and services, often for both the individual and their family. Olmsted County has addressed this by having a specific "transition-age" case manager; a staff who specializes in the needs, requirements and services available to those in this age group. Focus group participants in Olmsted County shared that having someone with specialized knowledge of this age group has made the transition from child to adult case management smoother for both the individual and the lead agency.

DHS has encouraged lead agencies to increase their awareness of needs, ethnic diversity and age differences within their local population. And halfway through Round 4 it has been evident that lead agencies are putting a greater emphasis on equity, diversity and inclusion. Specifically, Southwest Health and Human Services, Saint Louis County and Washington County, among others, all have workgroups specifically to talk about, address and advance equity and community inclusion.

Figure 2: Changes in HCBS participation by race in Minnesota, 2015 to 2019

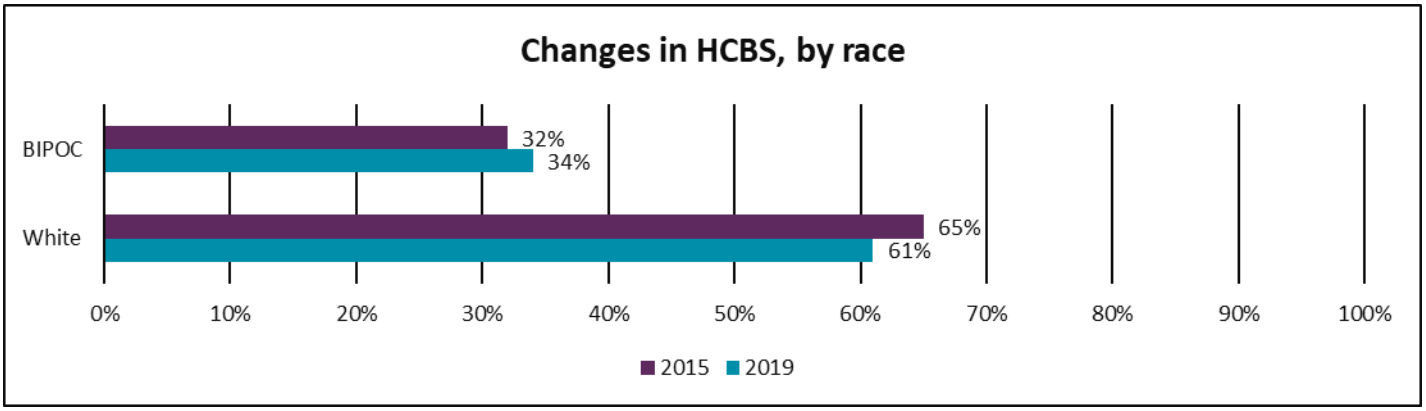
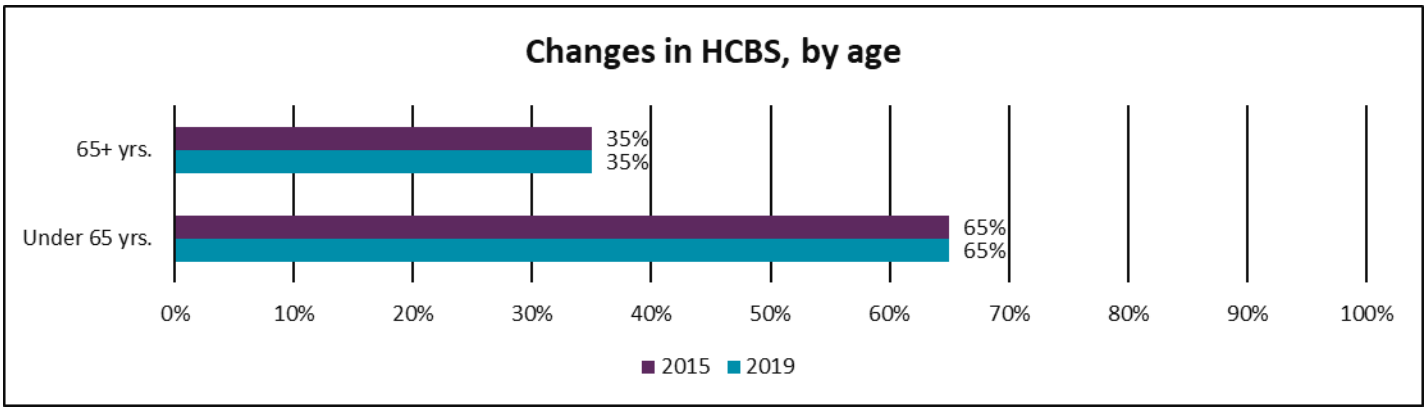


Figure 3: Changes in HCBS participation by age in Minnesota, 2015 to 2019



Organizational design and processes

In Minnesota, human services are administered at the county and tribe level; this requires a high level of partnership between the state and lead agencies to ensure Minnesotans receive high quality supports and services for which they qualify. With this design, DHS is responsible for developing and monitoring HCBS waiver policies and services under federal and state guidelines and lead agencies are responsible for program delivery and administration for individuals and families who request and qualify for services. This responsibility includes determining program eligibility, completing assessments, providing case management and care coordination, and fulfilling administrative duties necessary to operate the programs. A number of lead agencies contract some of the case management duties to outside entities. In these cases, the lead agency is still responsible for the assessment of the individual and ensuring overall quality of services. Lead agencies may also contract with managed care organizations (MCO's) to coordinate the services for the 65 years old and older population. When a lead agency holds MCO contracts, the lead agency is responsible for the assessment and case management services for the person.

Assessment and case management

Any individual seeking HCBS services must first have a MnCHOICES assessment completed by their lead agency to determine waiver and service eligibility. Since 2014, the state has been working to move individuals onto the MnCHOICES assessment platform. In CY2020, 76% (including PCA) of assessments are completed using MnCHOICES. The state requires the MnCHOICES assessment to be completed by a certified assessor. All assessors must be certified per the same training protocol to help ensure consistency and reliability. Once the assessment is completed and eligibility is confirmed, the assessor completes the Community Support Plan (CSP). This document outlines the needs, desires and goals of the individual. It is at this point that the next steps vary agency to agency. However, in general, once an assessment and CSP is completed, it is handed off to a case manager who is responsible for completing the Coordinated Service and Support Plan (CSSP). The CSSP contains additional information on the individual and outlines the services they have chosen to receive. While role responsibilities may seem clear and delineated, in reality the program process is often a highly coordinated effort. It requires assessors, case managers, and often case aides to work together sharing information and providing continuity of care during the planning process. This ensures all components of the assessment and support planning process are completed on time and meet compliance standards.

During LAR visits, it has been noted that lead agencies with high levels of compliance often have multiple check points in their program processes and all roles work as a team. For example, if a component of the CSP is incomplete, the case manager will address it in the CSSP rather than wait for the assessor to address it in the next reassessment. To assist with the overall paperwork process of a support plan, some lead agencies have case aides track assessments and support plans, as well as document due dates to ensure deadlines are met. This ensures that the burden of timeliness is shared across the program rather than left to one professional to manage.

Other helpful practices the LAR team has observed include:

- Having case aides complete some case management and administrative activities such as intake, tracking paperwork, tracking eligibility determination, MMIS entry, and filing paperwork.
- Having supervisors and leads handle administrative services that cannot be billed under waiver programs. These services include: appeals, coordinating trainings for staff, and obtaining technical assistance.
- Creating smaller case load sizes, with program specialization and clear, separate roles for assessor and case manager.
- Using contracted case management for individuals living in another county and when the lead agency is unable to hire more staff.
    - Many lead agencies have utilized contracted case management to meet their county of financial responsibility (CFR) case management responsibilities for individuals who live outside of the lead agency's county jurisdiction. This strategy reduces the travel time and cost for meeting with individuals across the state. Lead agencies who use this strategy also point to contracted case management staff having better capacity for ensuring community integration (choice, community participation and inclusion) by having more local knowledge of the

communities in the county of residence and access to training for connecting individuals to local resources and working with local partners.

Housing and services

A person's choice to live in their own home supports independence by providing them with more control over many aspects of their daily life. As seen in Figure 4, all HCBS programs have seen growth in the number of people choosing to receive their services at home. For example, within the DD program statewide in Fiscal Year (FY) 2019, 51.8% of people were served at home; this is a 9.2% increase when compared to FY2015.

Although there has been growth in the number of people choosing to receive their services at home, there have been some challenges along the way. A survey of case managers and assessors revealed that the lack of affordable and accessible housing are significant barriers to independent living, particularly in urban counties. In rural areas, focus group participants have often shared that affordable housing is available but transportation options are limited. Bus routes are generally limited to the main sections of town and do not extend into more rural areas of the county; this inhibits an individual's ability to access personal necessities, as well as traveling to and from a job.

Additionally, lead agency staff report that staffing shortages have become a significant barrier to living in an independent setting. Within both the rural and metro areas, providers are challenged to hire and retain staff to deliver services. Factors that impact the availability of the staffing pool include low rates of pay and lack of reimbursement for travel mileage. Travel issues are more pronounced in large, rural counties where a staff may spend a significant amount of time driving between homes of individuals receiving services. The COVID-19 Pandemic has only amplified this problem. As stated by one lead agency director, "It has stressed an already stressed system". Lead agencies report that due to fear of getting sick, some providers delayed or canceled services for a period of time. Case managers and assessors reported in focus groups that because of the lack of staffing, and some residential settings being closed to new residents for a period of time, many individuals had limited options for needed services.

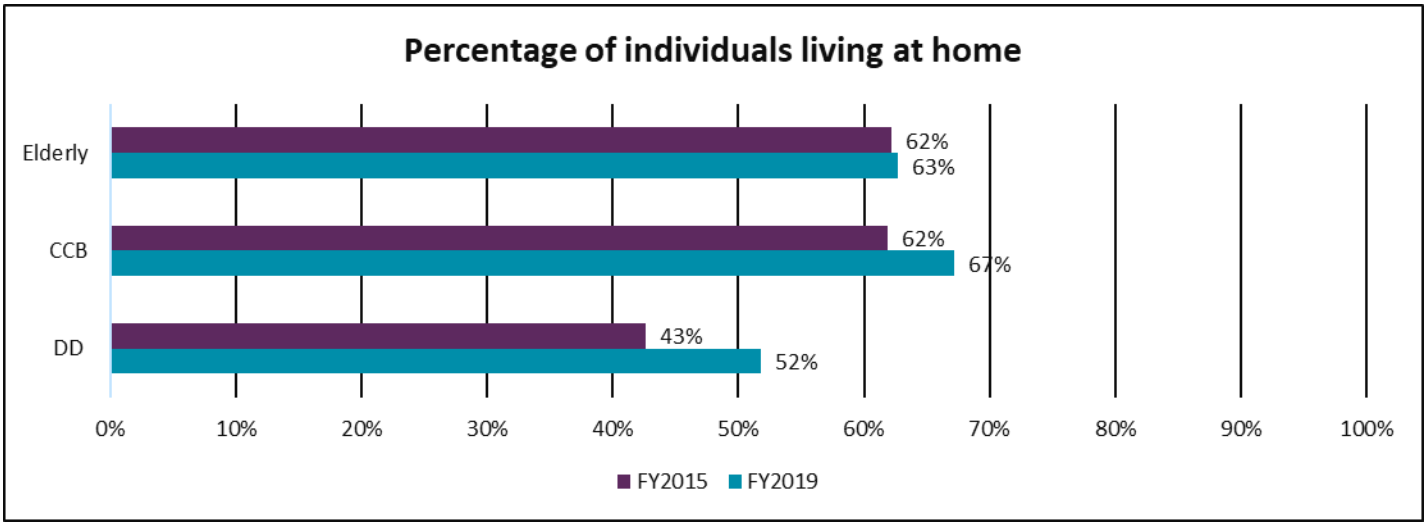
Despite these challenges, lead agency HCBS staff continue to have discussions with the people served around housing preferences. Mid-round casefile review results indicated 99% of cases reviewed identified the person's preferred living arrangement. In addition, when the person indicated a desire to change living arrangements, 98% of cases reviewed contained a plan outlining how to move the person to their preferred living setting.

To address and put into action plans to move an individual, lead agencies have worked hard to find creative solutions. These include working with residential and in-home service providers to pursue and develop more individualized housing options and encouraging individuals and families to utilize more flexible program options like Consumer Directed Community Supports (CDCS). The use of CDCS has been particularly effective in supporting people in their homes because it allows the person to develop their own care plan, hire their own staff and set more competitive rates of pay.

Another creative solution to finding housing for those that may be interested was seen in Olmsted County. A provider has set up three transition apartments. These are short-term stay (3 – 6 months) apartments where

an individual can live in and learn skills necessary to become more independent. The goal is to move the individual into their own apartment at the end of the transition period. A team-driven approach is used to determine which skill areas to address, how to address them, and to provide monthly monitoring. This program is generally utilized by young adults looking to move out of their parent's home, but is also used by individuals seeking to move from a group home into their own apartment. The lead agency is also working with the local Housing and Redevelopment Authority to assist individuals in finding housing and was able to successfully reroute funds into a voucher program to move more individuals into independent housing.

Figure 4: Percentage of individuals living at home statewide from FY2015 to FY2019

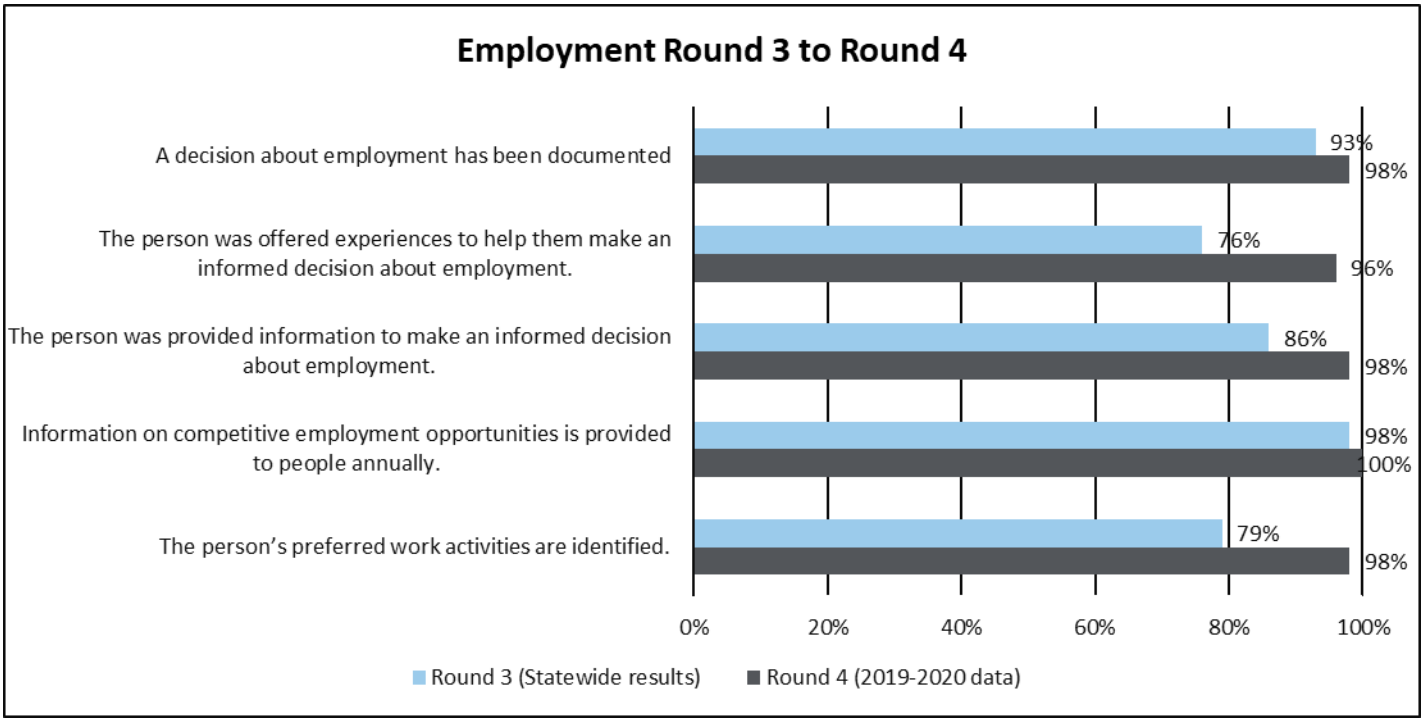


Employment

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 it also makes people feel valued, as they can participate in and contribute to their communities. The Minnesota Olmstead Plan establishes statewide goals to increase employment and earnings for people with disabilities.

To achieve the goals set by the Olmstead Plan, many lead agencies have placed renewed focus on addressing employment barriers and learning more about the employment goals of each individual. This effort is aided by required employment-related questions in the MnCHOICES assessment. As seen in Figure 5, overall compliance with employment questions increased from Round 3 to Round 4. Mid-way through Round 4, case file review has shown that nearly 100% of individuals of working age are being asked about their preferred employment, provided with necessary information and offered experiences to learn more about employment options.

Figure 5: Comparison of employment categories reviewed from Round 3 to Round 4

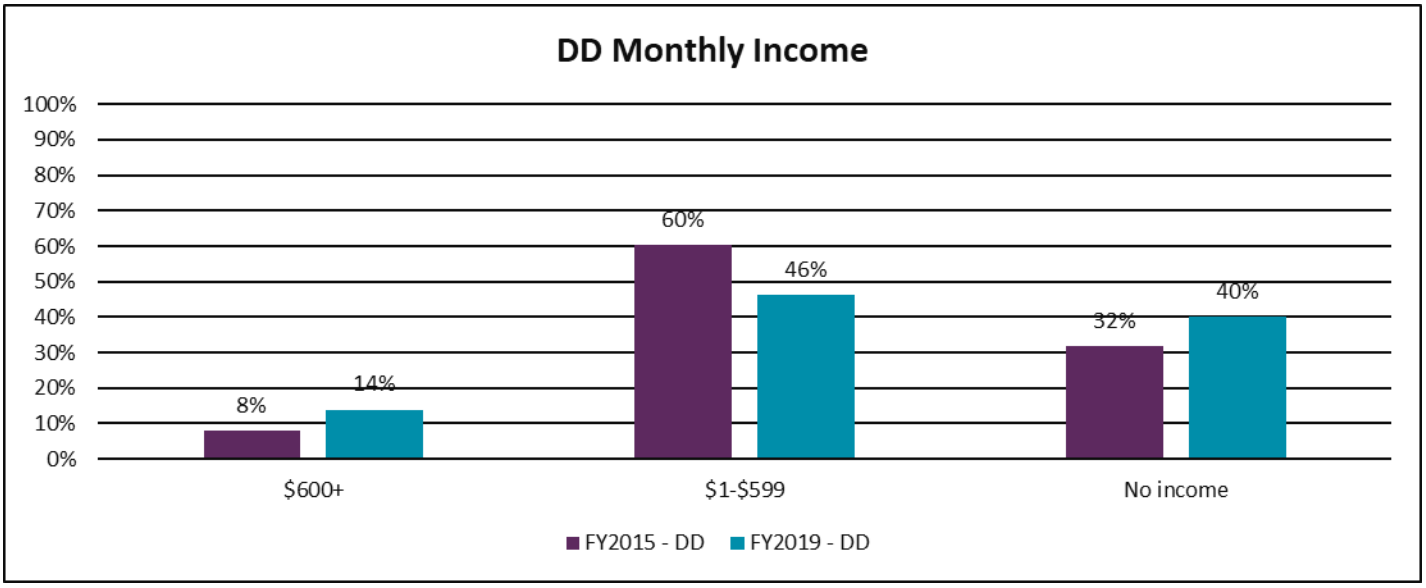


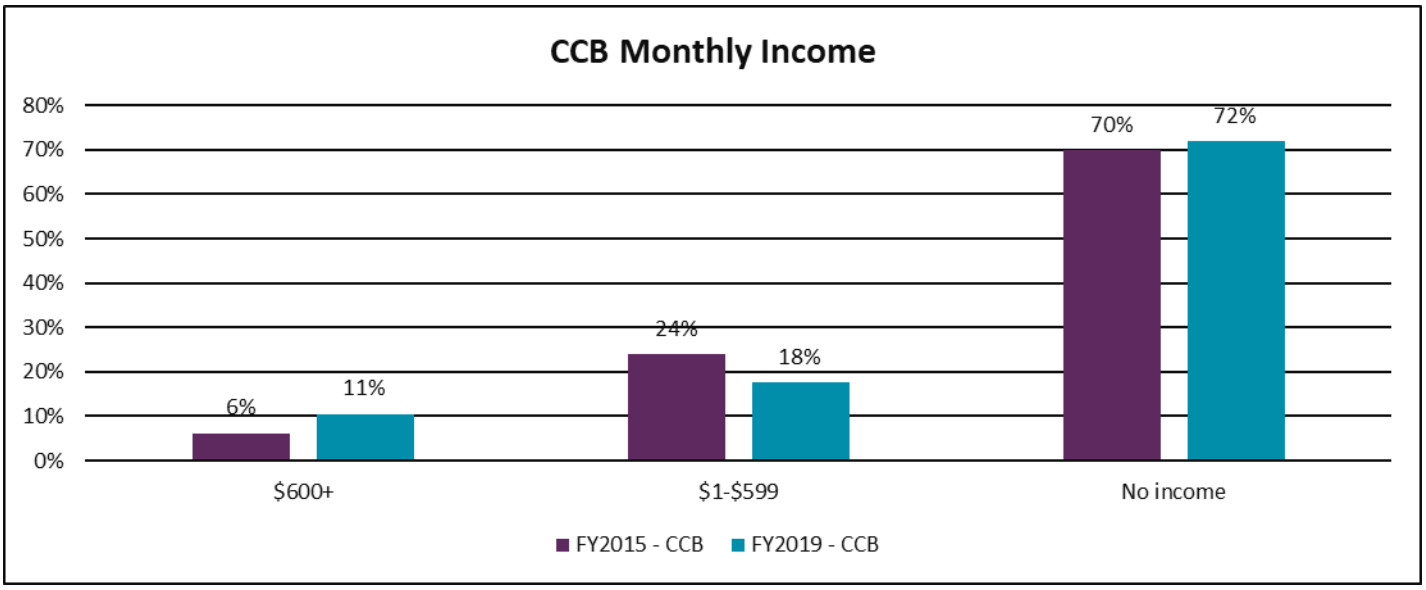
The data in Figure 6 below reflects the challenges and opportunities for increasing employment for individuals in HCBS programs across Minnesota. There has been an increase in those working and earning more than $600 per month from FY2015 to FY2019 in both the DD and CCB programs. Finding employment for individuals with disabilities can be a challenge, however lead agencies have reported that they have seen strong employer engagement in some regions of the state with many business willing to hire and work with individuals with disabilities. It was also reported that providers have adapted well to policy changes and the needs of each individual.

However, there has also been an increase in the proportion of people with no earned income and a decrease in those making $1-$599 per month. Lead Agencies report that there are still significant barriers when it comes to the availability of jobs. Additionally, transportation and finding job opportunities within the public transportation limits are barriers. Finding staff to support individuals working in the community has also been listed as a barrier for many of Minnesota's more rural lead agencies.

Adapting to the employment policy changes over the past few years, including the implementation of the Workforce Innovation and Opportunity Act (WIOA) has also been a challenge for lead agencies. Per the US Department of Labor, the WIOA is legislation aimed at improving access to high-quality jobs for those who face significant barriers to employment. It requires those under 24 years old, who are accessing waiver services and interested in working in a setting that pays less than minimum wage, complete a Vocational Evaluation to determine if the individual has the skills to work in a competitive employment setting. However, many lead agencies have found it difficult to navigate the Vocational Rehabilitation process and the rules, especially for those transitioning out of high school.

Figure 6: Percentage of working-age individuals on DD and CCB waivers with earned income (monthly) statewide





The COVID-19 Pandemic has also posed challenges for lead agencies and individuals seeking employment. The pandemic impacted the availability of employment opportunities when businesses and licensed settings closed, reduced capacity, or had limited remote work options.

Case File Review

Changes for Round 4

At the start of Round 4 there were two changes made to the case file review process.

- Timeliness of the support plan was revised to the current requirement of assessors and case managers providing individuals with their valid support plan within 60 days of the date of the assessment.

- Provider signature became a required measure.

In January 2020, LAR began issuing corrective actions for the revised Timeliness measure. As Figure 7 shows, at this midpoint, 68% of all cases reviewed were compliant for Timeliness; Figure 8 shows that overall compliance is rising as lead agencies become more familiar and aware of this measure.

Figure 7: Timeliness of plan sent to individual, by program

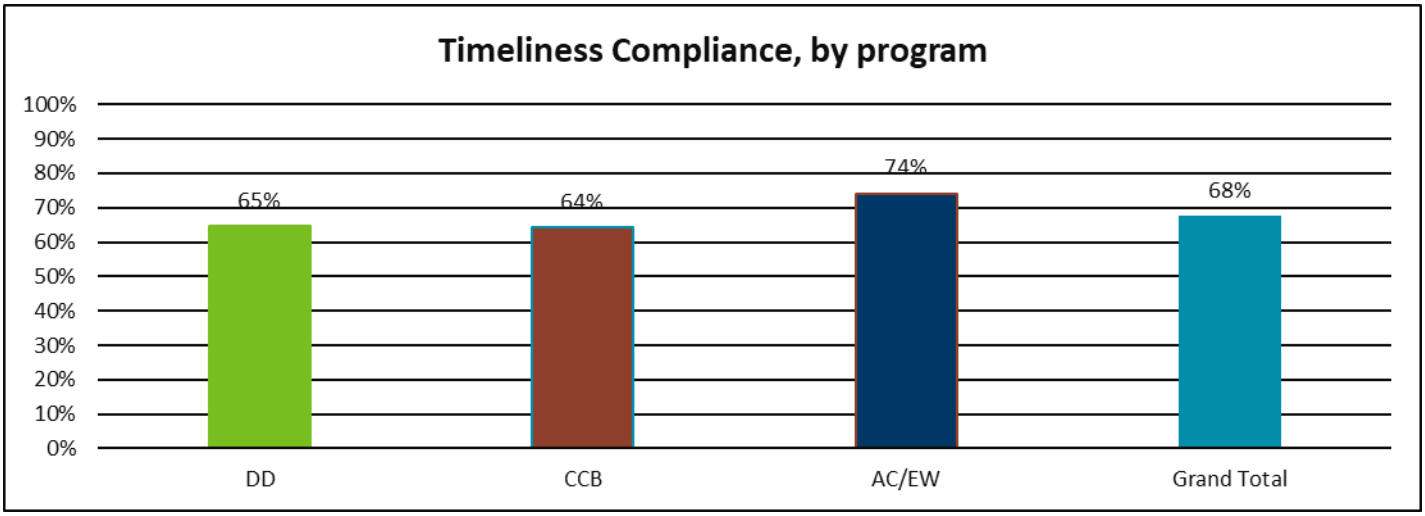
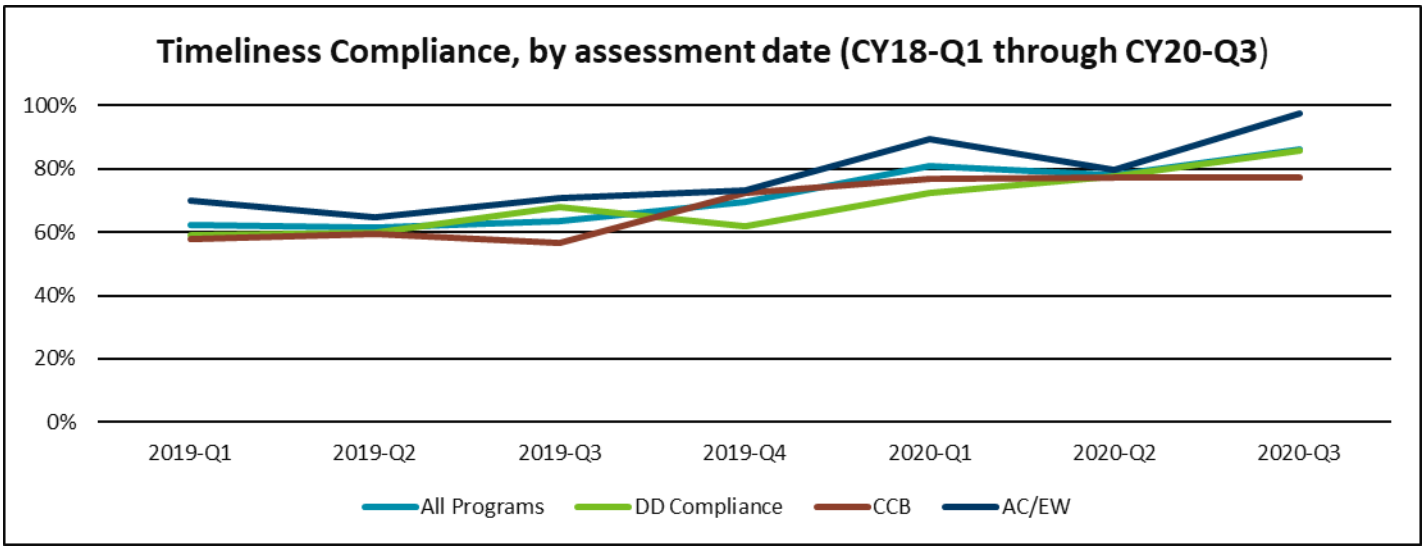
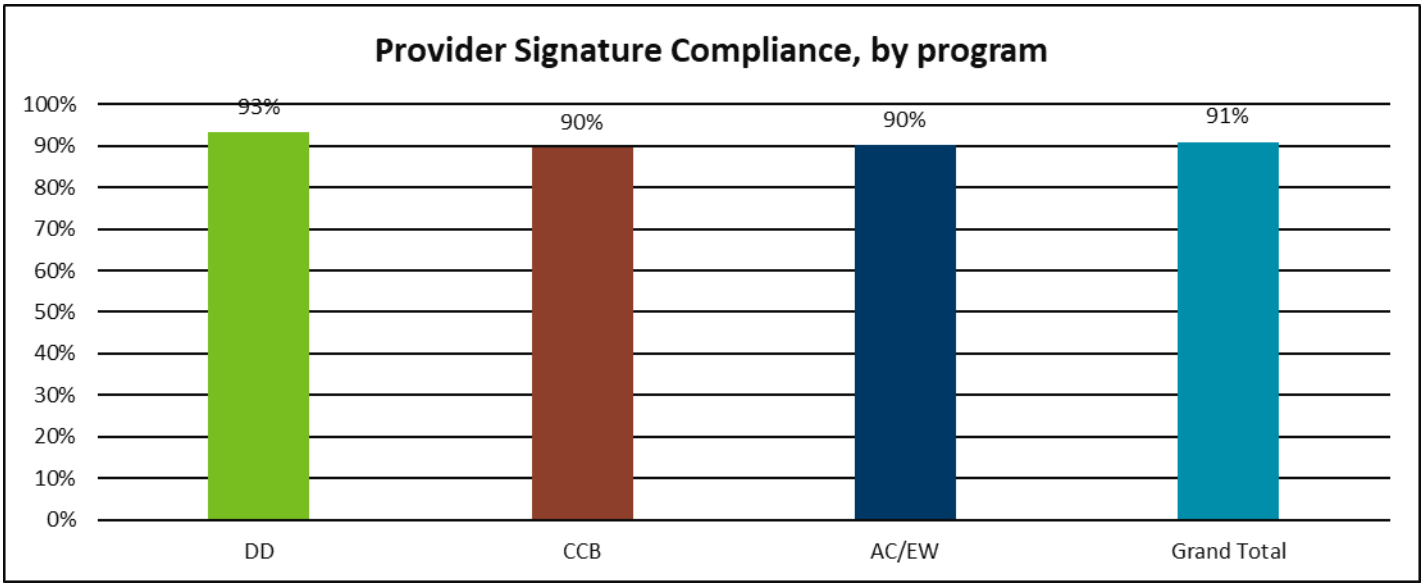


Figure 8: Timeliness of plan sent to individual, by review quarter



Since 2017, the lead agency has been required to obtain a signature from each home and community-based service provider the support plan is shared with. Documentation of two attempts to obtain each signature must be present if there is no signature on file. LAR began giving corrective actions for this measure at the start of Round 4. As Figure 9 indicates, overall there is a high level of compliance in obtaining signatures when a person indicates they want their plan shared with HCBS providers. However, the rate of compliance in the CAC program is only 76%, lower than the 86% goal.

Figure 9: Provider Signature Compliance, by program



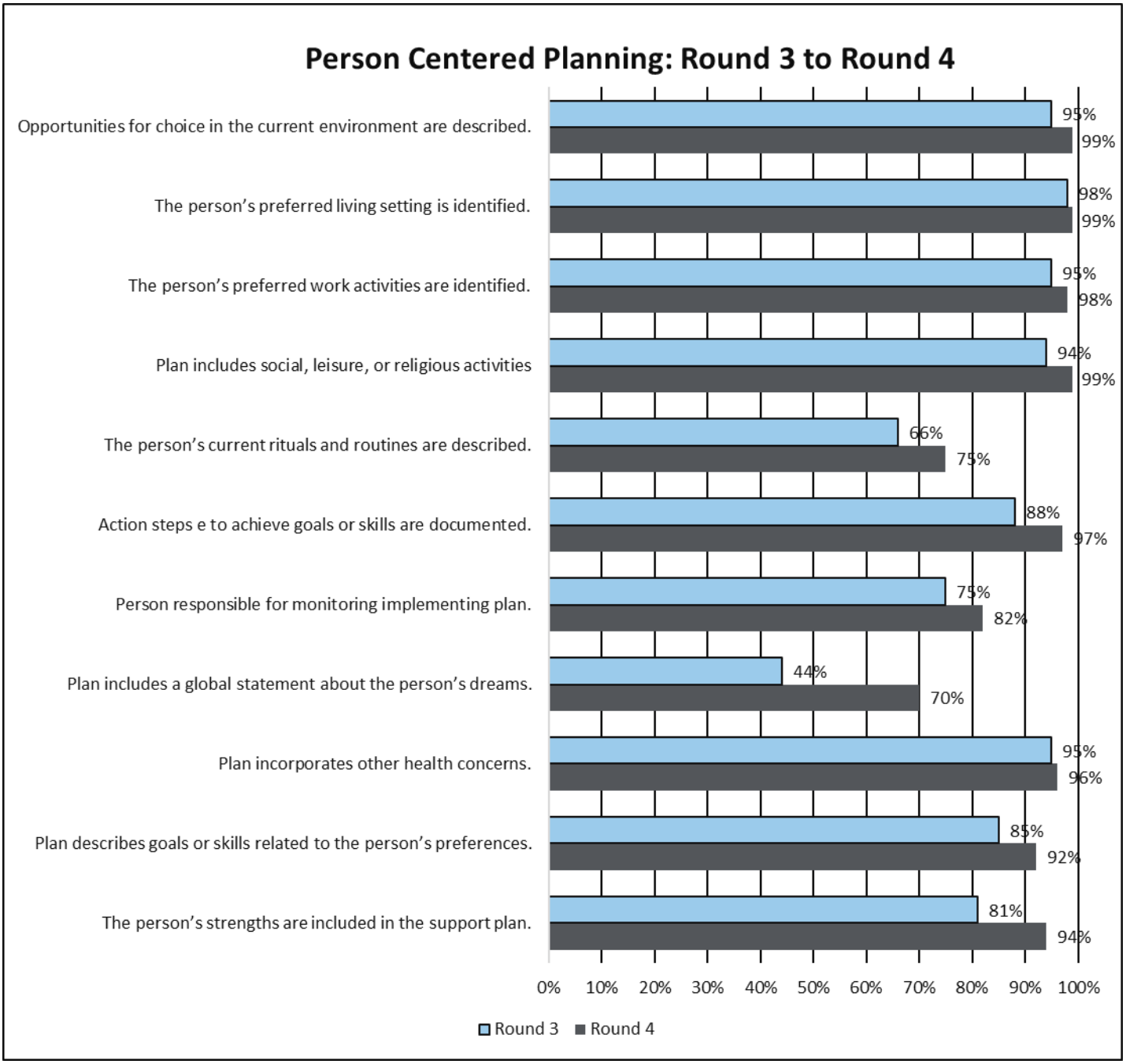
Person centered practices

LAR began monitoring for person centered planning during Round 3 and continues to monitor this in Round 4. As noted on the DHS website, "Minnesota is moving toward person-centered practices in all areas of service delivery. As a state, Minnesota strives to make sure everyone who receives long-term services and supports and mental health services can live, learn, work and enjoy life in the most integrated setting." To achieve this goal, Minnesota focuses on four core person-centered principles:

- Building/maintaining relationships with families and friends
- Living as independently as possible
- Engaging in productive activities, such as employment
- Participating in community life

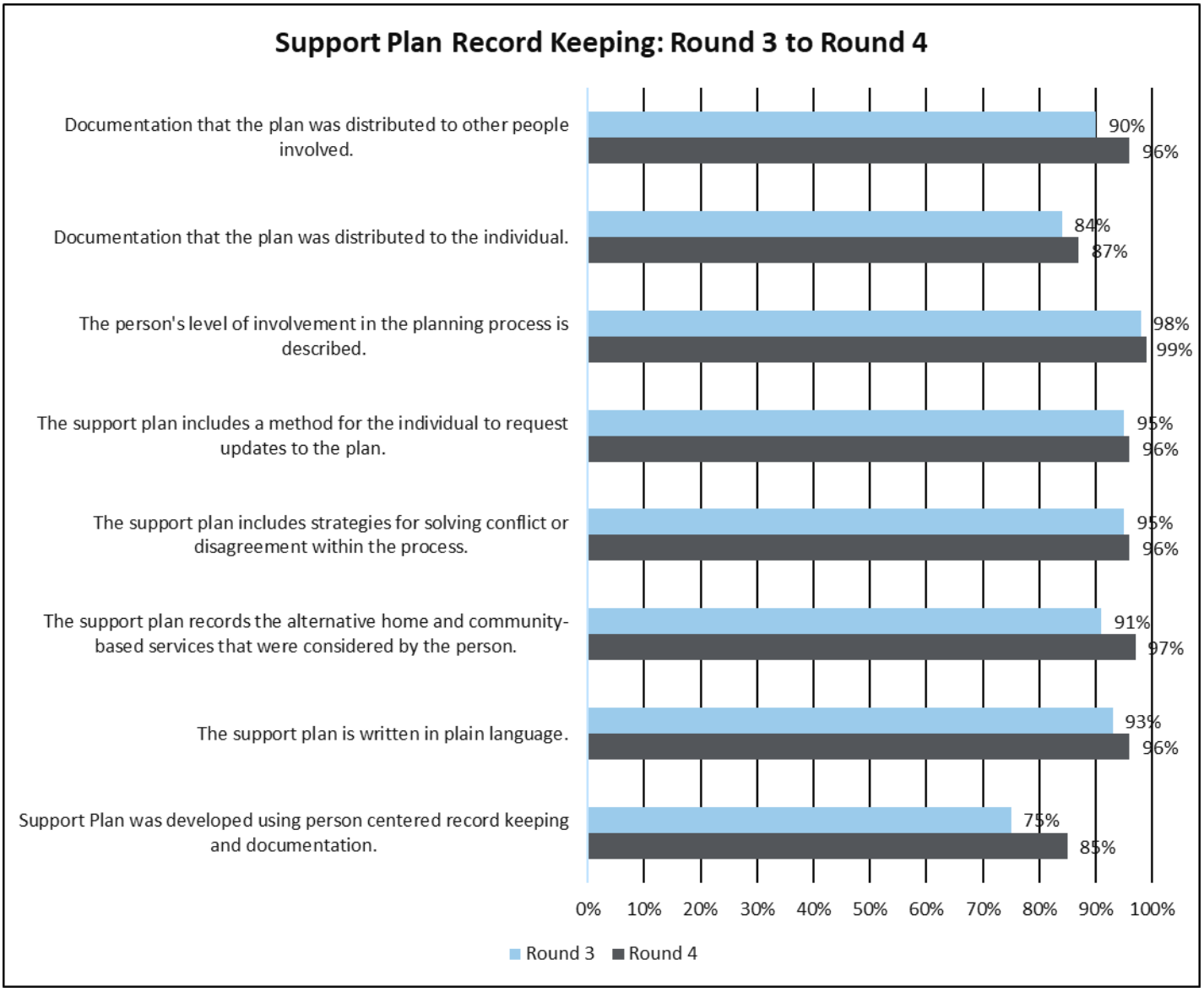
There are two main categories LAR evaluates to determine if a support plan is person centered. The first category is "Person Centered Planning Elements", which contains 12 individual measures. During case file review, 9 of the 12 measures must be present for the category to be marked as compliant. So far in Round 4, lead agencies have increased compliance in all 12 individual measures. The most notable improvements have come on the following measures: global dream statement, addressing an individual's strengths and stating an individual's rituals and routines.

Figure 10: Comparison of person centered planning categories reviewed from Round 3 to Round 4



The second person centered category is "Support Plan Record Keeping", which contains 7 individual measures. During case file review, all 7 measures must be present for the category to be marked as compliant. So far in Round 4, there has been a 10% increase in compliance for this category, going from 75% in Round 3 to 85% in Round 4.

Figure 11: Comparison of support plan record keeping categories reviewed from Round 3 to Round 4



As reflected in the overall compliance noted above, the LAR team has seen lead agencies across the state placing greater emphasis on person centered practices; this is often accomplished through increased training opportunities. One example of this comes from Grant and Pope Counties, where staff are offered both internal and external trainings on how to incorporate person centered elements into the support planning process. These lead agencies also offer formal and informal person centered training to others in the county, such as guardians and providers.

In supervisor meetings and focus groups with case managers and assessors, most staff reported that they have opportunities for training on person centered planning elements either internally within the lead agency and/or externally through conferences or virtual trainings. However, it has been expressed by case management and assessment teams that being person centered has gotten more challenging with the COVID-19 pandemic limiting face to face interaction. With meetings typically now being done virtually or over the

phone, case managers and assessors have had to be more creative in both ensuring the well-being of those they serve, as well as developing thorough person centered plans.

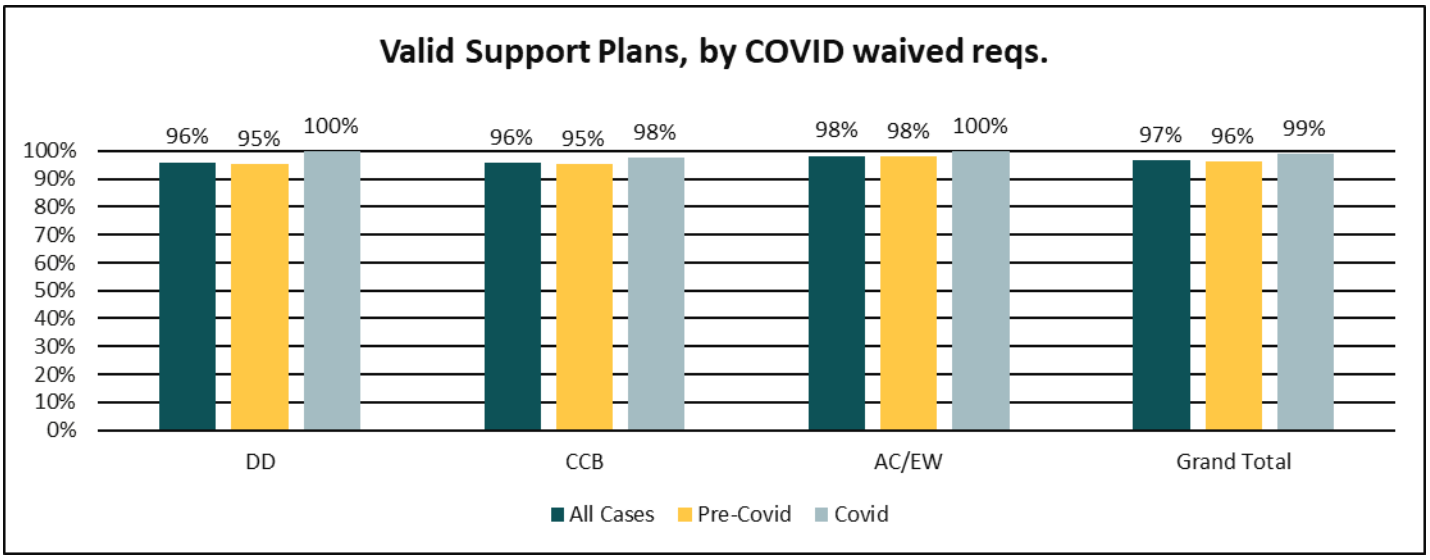
COVID-19: Changes to case management requirements

The Governor's peacetime emergency declaration, signed March 13, 2020 (Executive Order 2020-01), was followed by additional executive orders which included closing schools, public facing businesses, and some government services. The COVID-19 pandemic has greatly impacted the way in which lead agencies coordinate and deliver HCBS services. These changes included waived and adapted requirements, for which federal approvals and statewide announcements rolled out throughout the spring and summer. Major changes included:

- March 23, 2020 – Announcement LTSS assessments and reassessments are allowed to be conducted remotely.
- April 6, 2020 – Announcement case management visits allowed to be conducted remotely.
- September 14, 2020 – Announcement waiving document and signature requirements with details on case file documentation requirements.

In order for a support plan to be valid, it must be complete and signed by the individual or their legal guardian. Since the COVID-19 Emergency Orders to waive required signatures for support plans beginning January 30th, 2020, there has been a notable increase in valid support plans. As Figure 12 shows these increases in valid support plans have ranged from 1 to 5 percentage points.

Figure 12: Comparison of valid support plans prior to and during COVID



The COVID-19 pandemic has many implications for lead agencies and HCBS waiver programs. The suspension of in person visits allows for video and telephonic visitations. There are gaps in community access to broadband and technology necessary to connect via internet or telephone. There are also issues with individuals being noted as present during a remote visit but further review of the case notes confirmed they

were not. The LAR team noted numerous instances of only the guardian being spoken to on the phone or participating in a video conference. This is often due to lack of access to assistive technology.

Public health agencies and departments have also taken on communitywide COVID-19 emergency coordination and services including testing, contact tracing, site visits, community education, and vaccination implementation. Lead agencies reported the added work has impacted their ability to consult on cases with medical needs and has added pressure to HCBS waiver programs managed in public health departments.

Common Strengths, Recommendations and Corrective Actions

When the Lead Agency Review Team completes a review, they present to the lead agency their findings and results from case file review. Part of the completion of a review is the written report, which contains the lead agency strengths and recommendations for them to improve moving forward. Strengths and recommendations are unique to each lead agency because all counties, tribes and alliances conduct their business differently. Each lead agency varies widely due to many different factors including: program size, structure, implementation of case management and assessment, and relationships with external stakeholders. However, there are a few themes that have stood out when it comes to overall strengths in administering HCBS programs around the state.

Strengths

The LAR team has found that many lead agencies are doing well when it comes to serving those with high needs in their own homes. Statewide data shows that from FY2015 to FY2019 the DD program, CCB programs and EW/AC programs have all seen an increase in those with high needs living outside of a residential setting with increases of 11%, 8%, and 4% respectively.

It has also been noted that strong staff collaboration has a significant effect on the successful delivery of HCBS services. Individual county reports show that lead agencies found to have strong staff collaboration also frequently had more complete knowledge of HCBS programs, better understanding of person-centered principles, and fewer corrective actions issued.

The LAR team has seen additional strengths among all lead agencies reviewed during the COVID-19 Pandemic. Lead agencies have adjusted to many changes “on the fly” with most staff working remotely, conducting meetings virtually, and continuing to consult with each other to serve the individuals on HCBS programs as best they can. Staff have also needed to learn new technology, adapt to policy changes, and adjust to provider closures and cancellations of services. These adaptations and adjustments are a testament to all lead agencies in their dedication to serving those on HCBS programs.

Recommendations

In most cases, lead agencies receive more than one recommendation based on data collected from case file review, focus group interviews with case management and assessment staff, and supervisor interviews. In Round 4 many lead agencies have been given recommendations regarding increasing support for their case

managers and/or assessors. As HCBS program enrollment continues increase, caseloads and overall workloads on case managers and assessors have also increased. In addition, the added elements of the implementation of the MnCHOICES assessment, the MnCHOICES Support Plan and greater emphasis placed on person centered practices has created many changes for lead agencies in more recent years. To address these changes, some specific recommendations that have been issued are; general support for case managers, additional trainings to ensure support plans are completed in a more person centered and timely manner, and even utilizing more contracted case management for those lead agencies whose case managers are struggling with their overall caseload.

A second common recommendation for lead agencies has been to work with providers and the community to help further competitive employment opportunities for individuals with disabilities. As noted in the employment section above, finding competitive employment for those interested and enrolled in HCBS programs has been difficult, especially in the midst of the COVID-19 Pandemic. Because of a decrease in sub-minimum wage work, increasing collaboration with providers and local employers is vital if the state wants to see an increase in employment numbers for those receiving HCBS services.

Common corrective action requirements

Corrective action(s) are issued when the state determines a pattern of noncompliance exists in one or more HCBS program requirements (NOTE: In instances where five or fewer cases are reviewed, compliance is reported as a percentage). The lead agency must develop a corrective action plan and submit it to DHS. The plan must outline how the lead agency will bring all items into full compliance.

The three most common corrective actions thus far in Round 4 reviews are:

- Needs Identified in the Assessment/Screening Process are Documented in the Support Plan

The most frequent and ongoing area of noncompliance is the requirement that all assessed needs be addressed within the support plan. All programs continue to be below the 86% compliance requirement set by CMS. The compliance data by program can be seen in Appendix A below.

- Timelines Between Assessment and Support Plan Have Been Met

The second most frequent corrective action given is Timeliness. As noted previously, LAR began administering corrective actions for Timeliness in January 2020. So far in Round 4 68% of all cases reviewed were compliant for Timeliness.

- Support Plan was Developed Using Person-Centered Record Keeping and Documentation

The third most frequent corrective action given Person Centered Record Keeping and Documentation. Lead agencies are improving in this category from Round 3 to Round 4, but still only showing overall compliance 85% of the time.

All lead agencies that have been assessed corrective actions have completed their corrective action plans to date. Overall, the LAR team has been encouraged by the progress seen from Round 3 into Round 4 thus far,

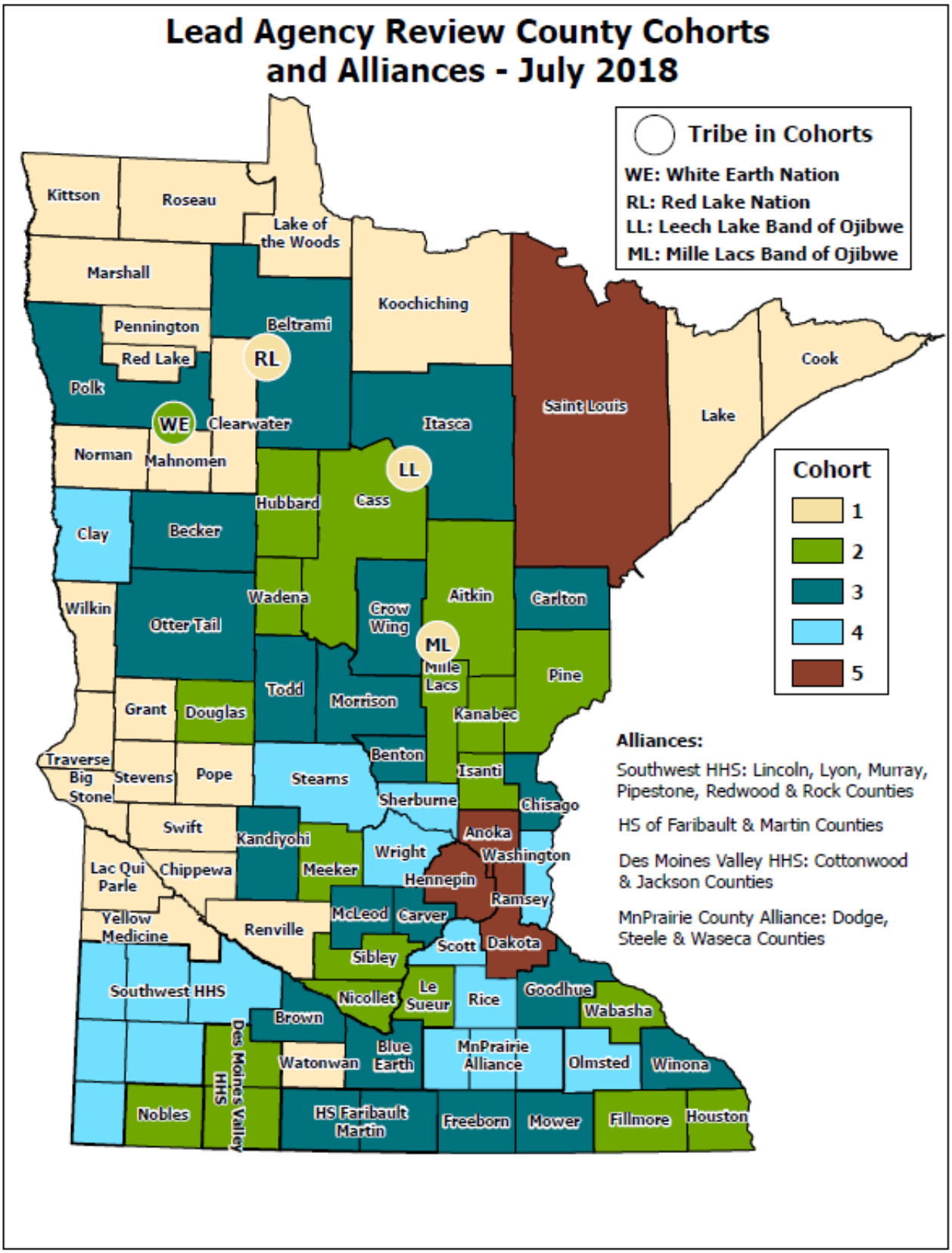
particularly in the person centered elements. Lead agencies have also done well to address recommendations and corrective actions from previous rounds. This will continue to be important going forward with the expected continued growth of HCBS programs by both the number of participants and the changing demographics. The LAR team will continue to work through lead agency reviews and expect to complete Round 4 by the spring of 2023.

Conclusion

Minnesota continues moving toward person-centered practices in all service delivery. As a state, Minnesota strives to ensure that people with disabilities and older Minnesotans live, learn, work and enjoy life in the most integrated setting. This means building or maintaining relationships with their families and friends, living more independently, engaging in productive activities (such as employment) and participating in their home community. Increasing the availability of service options (particularly in the areas of housing and employment) helps support independence and gives the person the ability to choose the services and supports that best fit his/her needs.

Through the mid-point of Round 4, LAR reviews confirm that lead agencies continue to improve upon their service delivery to individual receiving HCBS services. This is demonstrated by increased compliance with person-centered practices, increased community-based employment, innovative housing options and adapting to increased cultural diversity in HCBS participants.

Appendix A: Map of county cohorts



Cohorts are grouped together by the number of individuals receiving HCBS within the county.

Appendix B: Round IV Case File Compliance Dashboard

Table 1: Statewide case file compliance dashboard through 12/31/2020 (33 counties, 2 alliances)

REQUIRED ITEMS	TOTAL	AC	EW	CAC	DD	BI	CADI
Documentation that face to face visits with the person has occurred within the required timelines for each HCBS program.	98%	100%	100%	97%	95%	96%	98%
Current Assessment - LTCC (DHS-3428), DD (DHS-3067) or MnCHOICES Assessment.	99%	100%	100%	100%	98%	100%	99%
DD screening document is signed/dated by all required parties or a MnCHOICES Assessment is completed annually.	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ICF/DD Related Conditions Checklist (DHS-3848) is completed annually for a person with a related condition.	72%	N/A	N/A	N/A	72%	N/A	N/A
A current AC Program Client Disclosure Form (DHS-3548) is completed annually.	N/A	97%	N/A	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet (DHS 2360/A) is completed annually.	N/A	98%	N/A	N/A	N/A	N/A	N/A
Documents are signed correctly when a person has a public guardian.	96%	N/A	100%	75%	96%	100%	93%
Documentation that a person received Right to Appeal information in the last year.	99%	100%	99%	99%	99%	99%	99%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person.	96%	98%	93%	96%	97%	94%	97%
Timelines between assessment and support plan have been met.	68%	74%	74%	63%	65%	56%	67%
The support plan (ISP, CSSP, etc.) was completed in the last year.	97%	98%	98%	93%	96%	94%	97%
The current support plan was signed by all required parties.	97%	98%	98%	93%	96%	94%	97%
The person's outcomes and goals are documented in the person's support plan.	96%	97%	98%	92%	96%	94%	97%
The needs that were identified in the assessment/screening process are documented in the support plan.	76%	78%	65%	77%	79%	79%	81%

REQUIRED ITEMS	TOTAL	AC	EW	CAC	DD	BI	CADI
A person's health and safety concerns are documented in their support plan.	96%	97%	98%	93%	94%	92%	96%
*Natural supports and/or services are included in the support plan.	97%	98%	99%	93%	95%	95%	97%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	96%	98%	98%	93%	94%	93%	96%
The services a person is receiving are documented in the support plan.	96%	98%	98%	93%	94%	94%	97%
Service details are included in the support plan (frequency, type, cost, and name).	89%	93%	92%	88%	83%	88%	92%
An emergency back-up plan has been completed within the last year.	98%	99%	99%	98%	98%	97%	99%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	96%	98%	98%	92%	96%	93%	96%
Provider Signatures were requested or evidenced as part of the support planning process.	91%	92%	90%	76%	93%	90%	91%
*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%	97%	100%	99%	88%	99%
*Information on competitive employment opportunities is provided to people annually.	100%	N/A	N/A	100%	99%	100%	100%
*The person was provided information to make an informed decision about employment.	98%	N/A	N/A	95%	97%	96%	99%
*The person was offered experiences to help them make an informed decision about employment.	96%	N/A	N/A	96%	95%	97%	98%
*A decision about employment has been documented.	98%	N/A	N/A	95%	98%	99%	99%
Support Plan Developed using Person Centered Planning elements. (9 of the following 12 measures are present)	**94%**	**94%**	**95%**	**88%**	**93%**	**91%**	**95%**
**The support plan includes details about what is important to the person.	96%	98%	98%	93%	96%	94%	97%
**The person's strengths are included in the support plan.	84%	85%	77%	84%	87%	85%	87%
**The support plan describes goals or skills that are related to the person's preferences.	92%	95%	92%	89%	91%	92%	94%

REQUIRED ITEMS	TOTAL	AC	EW	CAC	DD	BI	CADI
**The support plan incorporates other health concerns e.g.; mental, chemical, chronic medical.	96%	96%	98%	93%	94%	91%	96%
**The support plan includes a global statement about the person's dreams and aspirations.	70%	76%	51%	71%	69%	75%	82%
**The support plan identifies who is responsible for monitoring implementation of the plan.	82%	82%	89%	78%	78%	78%	82%
**Action steps describing what needs to be done to achieve goals or skills are documented.	97%	98%	98%	93%	98%	96%	98%
**The person's current rituals and routines (quality, predictability, and preferences) are described.	75%	71%	75%	66%	80%	76%	72%
**Social, leisure, or religious activities the person wants to participate in are described.	99%	98%	99%	99%	98%	100%	99%
**The person's preferred work activities are identified.	98%	N/A	N/A	97%	98%	97%	99%
**The person's preferred living setting is identified.	99%	100%	99%	100%	98%	100%	100%
**Opportunities for choice in the current environment are described.	99%	100%	99%	99%	99%	100%	99%
Support Plan was developed using person centered record keeping and documentation. (All 7 of the following measures must be present)	**86%**	**93%**	**89%**	**76%**	**84%**	**79%**	**85%**
***The support plan is written in plain language.	96%	97%	96%	92%	96%	93%	96%
***The support plan records the alternative home and community-based services that were considered by the person.	97%	99%	98%	92%	97%	94%	97%
***The support plan includes strategies for solving conflict or disagreement within the process.	96%	98%	98%	92%	96%	93%	96%
***The support plan includes a method for the individual to request updates to the plan.	96%	98%	98%	92%	96%	93%	96%
***The person's level of involvement in the planning process is described.	99%	100%	99%	99%	99%	100%	99%
***Documentation that the plan was distributed to the individual.	87%	93%	91%	78%	84%	80%	88%
***Documentation that the plan was distributed to other people involved.	96%	97%	96%	90%	97%	95%	95%
*My Move Plan present for individuals that moved in the past year.	82%	82%	76%	60%	80%	92%	84%

Key:

*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 particular measure

A green shaded box indicates full compliance

A yellow shaded box indicates a corrective action would be issued

An orange shaded box indicates measure is below the level for compliance but no individual corrective action would be issued.