



Home and Community-Based Services Lead Agency Review

Report for: Meeker 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 more than 80,000 people statewide. 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 a person needs because of a chronic health condition or disability that are delivered in home or other community-based settings. These services and supports include home care nursing or personal care assistance, Consumer Support Grants and the Medical Assistance waiver programs.

To assure that home and community-based services work for the people who use them, the HCBS Lead Agency Review examines these six programs in each lead agency (counties, tribal nations and managed care organizations [MCOs]) across the state:

- 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).

The CAC, CADI and BI waivers (referred to as CCB) and the DD waiver generally serve people 64 years old and younger; while the EW and AC program serve people 65 years and older.

The goal of the HCBS Lead Agency Review is to determine how HCBS programs are operating and meeting the needs of the people they serve in Minnesota. Local and national pressures influence the current system, which encourages the state to re-examine how to best support people who receive services and make sure they do so in a person-centered way. Some of these pressures include:

- [Minnesota's Olmstead Plan \(PDF\)](#)
- [Jensen Settlement Agreement](#)
- [Federal HCBS rule changes \(PDF\)](#)
- [Minnesota Statute 245D](#)
- [Positive Supports rule \(PDF\)](#).

Additionally, the demand for services continues to grow faster than available revenues. All of these changes require the state to align practices with person-centered thinking, person-centered planning and positive supports to ensure high quality and sustainable programs.

The lead agency review evaluation process helps the Minnesota Department of Human Services (DHS):

- Assure the compliance of counties and tribal nations in the administration of HCBS programs
- Share performance on key measures and outcomes
- Identify best practices to promote collaboration between lead agencies
- Obtain feedback about DHS resources to prompt state improvements.

Successfully serving Minnesotans hinges on state partnerships with counties, tribal nations and other agencies involved in administering and delivering the programs.

Mixed-methods approach

The lead agency review process allows DHS to document compliance and remediation (when necessary) to the Center for Medicare & Medicaid Services (CMS). Additionally, it allows DHS to identify best practices to share with other lead agencies. DHS uses several methods to review each lead agency:

- Case-file review
- Case manager/assessor surveys and focus groups
- HCBS assurance plans
- Supervisor pre-visit phone interviews and onsite meetings.

These methods can provide a full picture of compliance, context and practices within each lead agency. It further explains how people benefit from HCBS programs as well. The data collection methods can glean supporting information, so that when strengths, recommendations or corrective actions are issued, multiple sources support them.

In October 2018, DHS conducted a review of Meeker County's HCBS programs. The Lead Agency Review team conducted previous reviews in May 2010 and more recently in July 2014.

About the lead agency

People served

Statewide, 94 percent of people who receive long-term services and supports do so with home and community-based services. HCBS provides people with more control over services, which promotes independence and reduces costs (compared with institutional care). Meeker County is a rural county located in central Minnesota. As of July 1, 2017, Meeker County's population was approximately 23,100. At the time of review, this lead agency served approximately 412 people through HCBS waiver programs.

Tables 1 through 3 show a profile of the people served by Meeker County. Table 1 depicts the percent of people receiving HCBS by program in Meeker County. Table 2 indicates the number of people enrolled in HCBS waivers by program. Table 3 shows the percent of people on the waivers who have high needs.

Table 1 Percent of people receiving HCBS (2017)

Program type or disability type	Meeker County	Cohort
Disabilities	96.0%	94.4%
Developmental disabilities	97.4%	93.6%
Elderly	69.8%	63.6%

Table 2: Number of people enrolled in HCBS by program

Program	2013	2017
CAC, CADI, BI waivers	537	580
DD Waiver	75	92
Elderly Waiver/AC program	212	205

Table 3: Percent of people on waivers with high needs (2017)

Program	Meeker County	Cohort
CAC, CADI, BI waivers	85.2%	79.6%
DD Waiver	91.3%	84.0%
Elderly Waiver/AC program	57.1%	60.2%

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

Department management

Meeker County is the lead agency for the HCBS programs and provides case management for these programs. - Meeker County Social Services Department manages all waiver programs. The Social Services Unit collaborates with the Meeker County Public Health Department for PCA assessments and consultation on medical health components of waiver assessments and screenings. The offices are located in the Meeker County Family Services Building in Litchfield, MN. Social Services also serves as a contracted care coordinator for PrimeWest Health, a managed care organization (MCO).

One Social Services supervisor oversees the waiver programs, in addition to other adult programs in the unit. There are no formal team leads, however informal mentors specialize in areas, such as MnCHOICES. In addition, the Children's Mental Health supervisor consults on youth cases. Recent restructuring separated the assessor and case manager roles. Experienced staff shifted into assessor positions and provide mentorship for newer case managers to develop expertise and skill in the waiver programs. There are four assessor positions, three in the Human Services unit and a public health nurse. Each assessor averages about three initial assessments and re-assessments per week.

Meeker County designed a hybrid model for waiver case management where case managers also provide targeted adult mental health case management, guardianship, and adult protection investigations. Safe guards have been built into the program design to ensure a person has different staff provide case management and guardianship. There are nine case managers who hold waiver cases – three for DD, three for CCB, and three for AC and EW. Caseloads range from 40 or more cases per case manager in DD and CCB programs to 60 or more for EW and AC.

Social Services has experienced staff turnover in the past year, with half of the case managers' tenure being under one year. All three of the DD case managers and one CADI case manager were hired within the past year. The staff have seen this as both an opportunity for positive culture change and a stressor for experienced staff to take on more responsibility during transitions. A new training checklist has been implemented to keep new workers on track with onboarding and learning the functions of their position. In addition, a case aide position was recently developed to assist with data entry and managing case paperwork. The new case aide started within the past few months. The unit has undergone a transition from paper case file to complete electronic record management (ERM) system. The process for uploading physical paperwork into the ERM and organizing rules are being developed and refined.

Intake, assessment and case assignment

Since the last review in 2014, the Meeker County Social Services Department has reorganized its intake processes for its programs. A dedicated intake worker position was developed for the department, who takes calls and transfers the call to the appropriate program. For waiver program intake, an on-call MnCHOICES assessor receives the call, screens the case and discusses the intake process. Twice a week assessors meet to assign cases and schedule an initial assessments.

There two case pathways for opening and assigning cases. For AC and EW intakes, the assessor opens the person to the program and enters necessary documentation. Assessment details are communicated to EW and AC case managers, who then decide the assignment amongst themselves. For DD and CCB intakes, the supervisor receives the assessments and determines if the case should receive primary targeted mental health or waiver case management. Cases are assigned at a weekly meeting based on expertise and availability. The assigned case manager opens the person to the appropriate program and enters necessary documentation. Assessors complete all re-assessments.

Financial workers do not case bank and each have their own caseloads. Case managers see this structure as beneficial for people, as financial workers better understand the person and build relationships with case managers and assessors. Case managers and assessors openly communicate with financial workers on cases and financial workers will email case managers if documents are missing or an assessment is coming due.

Maintaining program knowledge and expertise

As HCBS program 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.

Meeker County Social Services has created an organizational culture that values consultation, with both formal and informal structures to facilitate internal knowledge sharing and problem solving. Meeker holds a quarterly all-agency meeting where community providers are invited to share information with the entire lead agency on what resources are available. The supervisor holds semi-monthly case manager meetings for internal and administrative topics, semi-monthly DD meetings, monthly CCB meetings, monthly MnCHOICES consultation meetings, and monthly waiver consultation meetings. There are also regular one-on-one supervision meetings with new staff, and all experienced staff are expected to provide mentorship for newer staff that includes informal case consultation. In addition, the supervisor completes case reviews with DD and LTC programs, with four cases randomly selected each quarter.

The supervisor and case managers disclosed that currently they have to do a significant amount of research for changes in policy and practice on their own. The lead agency is currently developing new processes regarding how they share policy updates and changes with staff. One solution recently implemented is the new case aide moves policy updates to a shared drive for staff. Staff are also referred to the RRS and DHS websites for further clarification and are expected to share their findings with the whole unit. At this time many workers do not have access to policy quest and must request inquiries from workers who do have access to the resource. This creates delays in addressing questions.

Case managers and assessors identified strong relationships with other units in social services and departments at Meeker County. They attribute their size, co-location of units, and accessibility to drop in and ask questions with staff as important factors that support these relationships and a county-wide culture of collaboration. They see financial workers and case managers in other programs as skilled and committed to providing stability for people. Case managers and assessors also shared that Public Health Department staff, and nurses in particular, are eager to share their knowledge and training for case collaboration.

Acknowledging their breadth of knowledge across human service programs and waiver programs, case managers identified having a big picture perspective for the individuals they serve rather than specialized knowledge and a narrow view of care. They believe this contributes to creative collaboration on complex cases. This has also led to case managers taking on extra responsibilities because of resource scarcity and uncertainty with how to develop standardized training and protocols for generalist case managers that addresses the multitude of different situations that come up in their work. Currently all case managers are trained on the LTSS tool and are using the tool in practice. Person Centered Planning (PCP) and Person Centered Thinking (PCT) trainings are mandatory for all Meeker County case managers and assessors. They have all received in-person PCP and PCT trainings through DHS, ICI, and Prime West. In addition, staff are allowed to attend one overnight training per year and any online or local trainings.

Feedback on DHS resources

During the Lead Agency Review, lead agency staff are 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 4 shows the DHS resources that were rated the highest and the lowest by lead agency staff.

Table 4: Highest and lowest rated DHS resources by case manager & assessor survey respondents

Rating	High	Low
Resources	<ul style="list-style-type: none"> • Community Based Services Manual (CBSM) • E-Docs • MinnesotaHelp.info 	<ul style="list-style-type: none"> • DB101.org • HB101.org • DHS PCA Consumer Information

The supervisor reports using bulletins and e-docs to stay up-to-date on changes. Preference is given to the CBSM, bulletins, CountyLink, and the RRS for addressing policy questions because of their accessibility and the reliable information. The supervisor reports that Policy Quest is difficult to navigate and there have been discrepancies in answers.

Case managers and assessors rated the CBSM, E-Docs, and MinnesotaHelp.com as their most favorable resources. They cited the accessibility, easier navigation, and consistent information as factors in their rating. Not all assessors and case managers have access to policy quest and strongly believe access would benefit their workflow. They also find the RRS to be helpful, however their shared past experience with slow responses led to lower ratings. The Minnesota Health Care Programs (MHCP) manual is utilized by staff, however they see it as less useful than other resources and they sense that this resource is being phased out by DHS. The lowest rated resources were DB101.org, HB101.org, and DHS PCA Consumer Information, with case managers and assessors perceiving these resources as not addressing their information needs.

Case managers shared that they prefer using a mentor model for implementing new practices and requirements and suggested creating mentor models for support planning, rates, and consumer-directed community supports (CDCS). Regarding a rates mentor, case managers shared experiences they have had with receiving automated email responses informing them that their inquiries had not been opened 30 to 60 days after submitting the inquiry. They believe that having an accessible expert and point of contact would improve their practices.

Resource management

In Minnesota, waiting lists for services occur when the overall budgets for 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., overspending) against access (i.e., long waiting lists). Beginning in 2015, changes in spending and wait list requirements created added accountability for lead agencies and DHS to ensure timely access to HCBS waiver programs.

Table 5: Combined year-end budget balance and percent of program need met for CCB (FY2017)

Category	Year-end budget balance	Percent of program need met
Meeker County	1%	100%
Statewide	3%	100%

Table 6: Combined year-end budget balance and percent of program need met for DD (CY2017)

Category	Year-end budget balance	Percent of program need met
Meeker County	3%	100%
Statewide	6%	99%

Meeker County is part of the Waiver Alliance of Renville, McLeod and Meeker Counties (WARMM), a waiver alliance with Renville and McLeod counties. The lead agency’s leadership assert that this is a beneficial collaboration as it allows Meeker to serve more people and eases the administrative burden of managing the waiver finances on their own. Currently WARMM is working on improving the efficiency of the allocation process.

For the CAC, CADI and BI waivers, Meeker County had a one percent balance at the end of fiscal year 2017, which is a smaller balance than the statewide average (3 percent). At the end of calendar year 2017, the DD waiver budget had a balance of three percent. Meeker County’s DD waiver balance is smaller than its balance in FY 2013 (3 percent), but slightly lower than the statewide average (6 percent).

DHS recommends WARMM enroll more people. WARMM can enroll approximately 9 to 26 people before hitting 97 and 100 percent, and Meeker can enroll 1 to 6 people before hitting 97 to 100 percent.

Person-centered practices and supports

Minnesota is moving toward fulfilling the vision of people with disabilities and older Minnesotans living, learning, working and enjoying 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 community life. In other words, people lead lives that are meaningful to them.

[Minnesota's Olmstead Plan \(PDF\)](#) is the road map for moving us to realize this vision. Person-centered practices are the cornerstone of the Olmstead Plan and, if adopted and practiced across our system, will result in people being able to make informed choices for themselves and having a higher quality of life. The things that contribute to quality of life are different for each person. Therefore, a support system that values quality of life must be built on and driven by a desire to understand, respect for and commitment to honor the things that each person values.

Person-centered organizational development

The Lead Agency Review process evaluates multiple data sources for evidence of person-centered practices within lead agencies using six criteria or domains. Figure 1 and Table 7 show the results of person-centered practices assessment. 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 (evaluating the quality of those services)
- Developing organizational alignment with these principals.

For more information on the assessment tool and criteria, visit the [Lead Agency Review website](#).

Figure 1: Person-centered practices assessment results for lead agency (LA) and other counties



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

Table 7: Average score by domain

Domain	Meeker County	Other counties
Assessment, discovery, exploration	3.06	2.48
Planning practices	3.08	2.75
Community participation and inclusion	2.63	2.62
Current level of support and services	2.75	2.60

Domain	Meeker County	Other counties
Organizational design and processes	3.08	2.56
Evaluation of person-centered practices	2.43	2.48

Table 7 - Scale: 1–Never evident; 2–Rarely evident; 3–Sometimes evident; 4–Mostly evident; 5–Always evident.

In the focus group, case managers and assessors identified that they have a passionate team that values rich, detailed assessments for transitioning cases to case managers. They identified that these detailed assessments are important because the case managers and providers may not have a historical relationship with the person. If out-of-county assessments do not meet their standard, staff prioritize supplementing the assessment to ensure a full picture of the person is documented for the team.

Case managers expressed concerns about meeting person centered competency standards. They requested more feedback and clarity from leadership on particular details of person centered practice, along with more explicit messaging on how to expand practices. Case managers acknowledged the administrative burden on their supervisor to manage all of the waiver programs, in addition to her other supervision roles with other programs. They suggested creating a team lead position to provide support and individual-level staff development with person centered practice. In particular, to support the development of the many new case managers with the DD and CADI waivers.

As shown in Appendix A, the case file review found 100% compliance in many areas of assessment and support planning across all waiver programs, including in-person visits with people and maintaining current assessments. BI and AC programs received 100% compliance in every reviewed item for assessment and record keeping, while there were lower compliance ratings for *needs addressed in the support plan* (All Meeker programs = 82%, EW = 53%) and *service details* (All Meeker programs = 80%, DD = 50%).

Meeker County performed well in the *development of person centered plan* (All Meeker programs = 94%), where nine of twelve elements must be present to meet compliance. The three elements with the lowest presence were: *global dream statements* (All Meeker programs = 39%, AC = 60%, EW = 23%, CADI = 63%, BI = 0%, and DD = 21%), *identify who is responsible for monitoring* (All Meeker programs = 80%, EW = 62%, and DD = 79%), and *person’s current rituals and routines* (All Meeker programs = 70%, EW = 62%, BI = 0, and DD = 50%). Upon closer inspection of the case file review performance, reviewers identified the structure of the PrimeWest support plan contributed to the lower rate of compliance with EW cases, specifically with documenting all needs in the support plan and including all person-centered elements. The format of the support is predominantly pre-filled, focuses on medical information, and has little room to include person-centered elements.

Meeker County also performed well in *support plan record keeping process* (All Meeker programs = 90%), however the DD performed lower than other programs (79%). This item requires all elements to be considered compliant, elements include *plan distributed to individual* (DD =86%), *plan distributed to other people* (DD =86%), *method for requesting updates to plan* (DD =86%), and *strategies for solving conflict or disagreement within the process* (DD= 86%).

It is important to note that reviewers were impressed by the person-centered practices and support plan development of case managers and assessors that were found in the case files across programs. The results of the Person-Centered Practices Assessment (Figure 1 and Table 7) exhibit how Meeker County is particularly advanced in the areas of *assessment, discovery, exploration* (Meeker = 3.06, Other = 2.48), *planning practices* (Meeker = 3.08, Other = 2.75), and *organizational design and processes* (Meeker = 3.08, other 2.56).

Meeker is slightly above average in *current level of support and services* (Meeker = 2.75, other = 2.60), and average in the areas of *community participation and inclusion* (Meeker = 2.63, other = 2.62) and *evaluation of person-centered practices* (Meeker = 2.43, other = 2.48). Reviewers saw that, overall, case managers are developing person centered support and service plans, but case managers feel the providers are not implementing these services as planned. In the focus group, case managers and assessors voiced frustration with the antiquated approach to services that providers practice in the county, however they are anxious about retaliation if they push providers to innovate.

Transition summary

When people who use HCBS programs consider making a transition in their living arrangement, DHS requires lead agencies take affirmative steps to provide an informed choice about the most integrated settings available. This might mean that a person planning to move from a restrictive institutional setting (such as an ICF-DD) tours several community-based settings (such as a foster care) or independent apartments where staffing would come into the person's own home. Or, it might mean that a person who lives on his/her own but needs more supports, explores customized living with 24-hour support and family foster care settings.

Whatever the choice, the goal is to discover how to deliver services in a way that improves a person's quality of life in the setting of their choice. [Minnesota's Person-Centered, Informed Choice and Transition Protocol \(PDF\)](#) details additional requirements specific to people who are making a move from one residential setting to another.

This lead agency serves people who required a transition summary during the time period under review. Per DHS policy these individuals required a transition summary. The summary of the case files reviewed indicates that 70% of the cases reviewed were found to be in compliance and contained all of the required transition documentation.

Jensen Settlement Agreement

The [Jensen Settlement Agreement](#) is the result of a lawsuit filed against the DHS, which prompted 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. This lead agency does not serve Jensen Settlement Agreement members.

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 \(PSTP\), DHS-6810 \(PDF\)](#) 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
- Avoid the emergency use of manual restraint
- 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.

For more information on Positive Support Transition Plans, see [Developing Positive Support Transition Plans: A provider guide for 245D-licensed HCBS services in Minnesota, DHS 6810-C \(PDF\)](#).

Overall, the lead agency faced challenges with Positive Support Transition Plans (PTSP). Meeker County served people with PTSPs under the period of review and 100% of these reviewed cases did not contain all of the required components of the PTSP.

Community access and inclusion

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 their 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.

The Lead Agency Review process looks at external working relationships to gain greater insight into how:

- The lead agency works together as a whole
- Services are being delivered
- The agency interacts with others delivering these services.

Case managers and assessors were asked to rate their working relationships with other local service providers. Staff only rated agencies they have had experience working with. Table 8 lists the ranking of local agency relationships by case manager and assessor survey respondents.

Table 8: Meeker County case manager/assessor rankings of local agency relationships

Local Agencies	Poor	Average	Good	Not Applicable
School Districts	0%	14%	36%	50%
Nursing Facilities	0%	14%	57%	29%
Hospitals	7%	21%	57%	14%
Primary Care Clinics	0%	7%	79%	14%

Local Agencies	Poor	Average	Good	Not Applicable
Foster Care Providers	0%	14%	64%	21%
Customized Living Facilities	0%	0%	71%	29%
In-Home Support Providers	0%	14%	71%	14%
Center-based Day Programs	0%	7%	79%	14%
Community-based Employment Providers	0%	7%	64%	29%
Mental Health Service providers	7%	7%	64%	21%
Crisis Services	0%	7%	50%	43%
Home Health Agencies	0%	7%	79%	14%

As shown above in Figure 1 and Table 7, the case managers show exceptional skill in developing person centered support plans, but they experience barriers to implementing the support plans. In the focus group, case managers and assessors shared they have a good network of providers in Meeker County, however the overall number of providers available is very limited. Providers also have difficulty in finding staff due to a robust local job market and do not provide a full range of services. Providers are seen as unwilling to design more person-centered service models and community members are resistant to seeing people with disabilities working in the community. In addition the community does not trust some providers, particularly employment providers, because of lack of reliability and transparency.

The supervisor and case managers disclosed that many individuals live out of country and want to move back to Meeker County, however local providers do not have the services or skills to address the people’s behavioral needs. This creates a supply and demand dilemma as many people who would use an improved transportation system, varied service array, and more robust medical and mental health supports are currently living out of county. The current consumer base in the county is not large enough to incentivize providers to develop more services and infrastructure. Leadership shared that they rely on other counties’ providers, but do not have control over service quality at these providers. Case managers shared that they do not know the entirety or available resources for people living out of county. They also acknowledged that many meetings with people living out of county are scheduled around the providers’ and case managers’ schedules rather than the person’s preference.

Medical providers (hospitals and clinics) are seen as committed to serving the best interests of the person and the community at large. At the hospital there is great communication with staff and an embedded PrimeWest Public Health Nurse who communicates with social services. However the emergency room is seen with contention. The emergency room is staffed by a temporary pool of doctors that do not communicate with human services. This lack of communication leads to poor coordination and medical follow-up. This has had a particularly negative impact on people with mental health issues.

Another local resource that case managers identified as an important asset to community access is the community paramedic that is housed in the sheriff’s department. Public Health can only assess people, they cannot provide medical care. The paramedic addresses a vital service gap, assessing and providing in-home care,

including wound care. Case managers can make referrals directly to the paramedic and it is billed through Hennepin County Medical Center (HCMC).

There are four school districts within Meeker County. Meeker has identified a growth trend in the DD program for children and transition-age youth, however there are issues with accessing information about students. Currently schools are not sharing information or talking with social services about potentially eligible students. There is good IEP collaboration for students with mental health needs but poor engagement for students who are potentially eligible for DD services. Most referrals for students come at age 18 when the school directs the parents to call the county for transition services.

It is the lead agency’s responsibility to monitor the on-going provision of services for efficacy, people’s satisfaction and continued eligibility, while making adjustments when necessary. Lead agency staff stated that case managers do informal tracking of provider performance through case manager monitoring and drop-ins, PrimeWest audits, and the LTSS improvement tool.

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 is 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. Tables 9 and 10 show the percent of earning for those who are working by program.

Table 9: Percent of working-age people on a CCB waiver with earned income (June, 2017)

Category	Not earning income	Earns \$250 or less per month	Earns \$251-\$599 per month	Earns \$600 or more per month
Meeker County	69.9%	12.2%	11.1%	7.8%
Cohort	65.2%	15.6%	9.7%	9.5%
Statewide	74.5%	11.1%	6.5%	7.9%

Table 10: Percent of working-age people on the DD waiver with earned income (June, 2017)

Category	Not earning income	Earns \$250 or less per month	Earns \$251-\$599 per month	Earns \$600 or more per month
Meeker County	29.2%	44.4%	18.1%	8.3%
Cohort	25.8%	43.7%	18.8%	11.7%
Statewide	37.1%	35.1%	15.8%	12.0%

As shown in Table 9 and 10, people with disabilities in Meeker County have slightly lower employment rates (CCB = 30.1%; DD = 70.8%) than the lead agency’s cohort (CCB = 34.8%; DD = 74.2%) and higher rates than the state as a whole (CCB = 25.5%; DD = 63.9%). For people on the CCB waivers earning \$600 or more per month,

Meeker County (7.8%) has a lower earnings rate to their cohort (9.5%) and is similar to the state as a whole (7.9%). For people on the DD waiver earning \$600 or more per month, Meeker (8.3%) is lower than their cohort (11.7%) and the state as a whole (12%).

Meeker County’s portion of the Minnesota Employment First benchmark to increase employment and earnings for people with disabilities is approximately six people per state fiscal year. Focus group participants and leadership disclosed that the only employment providers in Meeker County are DT&H agencies that maintain center-based models. Case managers shared that these providers are not paying attention to changes coming to employment services and predict that they may close rather than adapt. Staff stated that the lack of employment providers severely limits the person’s ability to choose a work program that fits their individual needs. They shared how people have had poor experiences with different providers that do not have much choice for alternative work experiences. There are supported employment providers located outside of the county and the majority of people who are earning a competitive wage are working out of county. These locations have public transportation resources and providers with more innovative services.

Case managers also shared there is an old enculturation in local community that works against community inclusion. The general community is benevolent to people with disabilities, however it is not comfortable seeing people with disabilities being in the workforce and employers are not open to employing people with disabilities. Case managers acknowledged that the community needs to be pushed to do things differently as there are many entry-level and agriculture jobs that are unstaffed. Employment providers also need to be responsive and reliable for employers.

Housing and services

Higher percentages of people able to receive services in their own homes versus provider-controlled housing/residential settings reflect the availability of more flexible, 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 establishes statewide goals to improve housing integration and choice for people with disabilities. Table 11 shows the percent of people who receive services in their own home.

Table 11: Percent of people who receive services at home (2017)

Program	Meeker County	Cohort
CAC, CADI, BI Waivers	46.1%	61.5%
DD Waiver	35.9%	42.6%
Elderly Waiver, Alternative Care	54.1%	52.5%

As shown in Table 11, less people in Meeker County receive services at home than the average for their cohort in CCB and DD programs. The greatest difference between Meeker County and its cohort is seen with the 15 point difference between the lead agency’s CCB programs (46.1%) and their cohort (61.5%). Meeker County has similar rate of in-home services for EW and AC programs (54.1%) compared to its cohort (52.5%). Information gathered from the supervisor interviews and focus group specified that the lower rate of at home services is due

to community expectations that people with disabilities receive residential services, lack of staffing for in-home services, and lack of accessible and safe housing stock for people with physical and medical needs.

Meeker county leadership and case managers shared some examples of the current housing realities in Meeker County. There are local adult foster cares specializing in DD and mental health care, however they do not serve physical disabilities and medical needs. There are three corporate foster cares in Litchfield with waitlists, along with waitlists for the local customized living services, assisted care, and nursing homes. Some case managers have recently denied services because of under staffing at these facilities. To address these housing service gaps, leadership has started talking with one provider about developing individualized settings. Case managers are also working to connect earlier with students, to connect families to CDCS earlier and develop a path to independent living. Support Planners have also been utilized to connect some people to living more independently.

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.

Previous results

During Meeker County’s 2014 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 12 gives an update on the lead agency’s actions on previous recommendations.

Table 12: Lead agency actions on previous recommendations

Previous recommendations	Updated on lead agency actions
Update care plan formats to ensure that the care plan is a person-centered and participant-friendly document in addition to including required information.	Meeker County is prioritizing the use of MnCHOICES support plan; improving the quality of their support plans while reducing duplication. The support plan is the primary document that all participants receive, in Meeker County, case managers are integrating changing policy and practices for the support plan as well as maintaining what is important to and for the individual.
Continue your work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential care.	Staff report the lack of affordable housing as a primary barrier to individuals living independently. Across the county staff are working with HRA and economic development to support capacity for affordable housing.
Continue to expand community employment opportunities for individuals with disabilities, particularly in the area of community-based employment in the DD and CCB programs.	Staff capacity continue to present a barrier to developing services and supports for Meeker County at this time. This recommendation will be reissued with further details, see below.
Consider developing additional systems or practices to provide additional support and oversight to case managers.	Meeker County has provided support to staff in the form of new Case Aide and MnCHOICES Assessor positions, reasonable caseload sizes and encouraged the development of protocols and checklist to drive consistency in program administration.

During the previous review in 2014, the lead agency did not receive corrective actions for areas of non-compliance.

Strengths

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

Meeker County staff collaborate across internal units, allowing them to provide quality care to people in their community. Several case managers have worked in other areas of county operations and bring strong knowledge and relationships to their current roles. They have good communication with financial workers as reported in the case manager survey and during the focus group. These strong relationships enhance the services people are receiving and helps people navigate more integrated services.

Case managers are experienced and provide quality case management services to meet participant needs. Case managers are responsive to changing participant needs and are strong advocates for participants. For example, case managers explained that they are always accessible to their participants and sometimes even accompany participants to appointments. There is a good mix of new and experienced case managers and both are supportive to one another. New case managers bring strengths that include new ideas, energy, and technological literacy, and seasoned case managers have good continuity over time which allows them to develop long-term relationships with participants and their families. Across all programs, case managers visited participants an average 5 times in the last 18 months.

Meeker County has been proactive in their rollout of MnCHOICES, use of the electronic support plan and the LTSS Improvement Tool. The strong team of assessors and case managers are co-located which makes it easy to do case consultation and support each other. This lead agency has fully implemented the electronic support plan which has increased efficiencies and standardization among staff. The review team found that across programs support plans were written in plain language and included important information about each person. Meeker County case managers have been using the LTSS Improvement tool to ensure services are provided to the individuals on their programs as described in support plans.

Meeker County's participation in the DD waiver alliance with Renville and McLeod Counties helps them meet needs and manage risks. The alliance allows Meeker County to spend more of the HCBS budget while being protected in the event of high cost participants or crisis. Participating in the alliance has helped lay the groundwork for the lead agency to continue to build relationships and conduct regional planning in order to enhance services for their participants.

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 Meeker County and people who receive services.

Enhance practices to support case managers and manage ongoing compliance with program requirements. With growing caseloads and the level of high needs individuals that Meeker County is serving; case managers require continued support to interpret policy changes and apply them consistently throughout programs. Such strategies could include: designating a single case manager who maintains a smaller caseload, and has the added responsibility of staying current with program and policy changes and sharing information with other case

managers at staff meetings; or consider developing a more formal system to operationalize and implement DHS policy changes. Additionally, building clerical and office support capacity to maximize case management time in coordinating services will allow case managers to continue their focus on person centered assessment and support planning.

Continue efforts to establish person centered practices throughout Meeker County, including supporting case managers in person centered systems changes. Person-centered practices are the foundation of Minnesota’s Olmstead Plan, the CMS Home and Community Based Services (HCBS) Final Rule and many of the policy directions supported by state law and policies. By adopting and practicing the Person Centered, Informed Choice and Transition protocol across programs, Meeker County is better able to support people to make well-informed choices for themselves that lead to a higher quality of life. Utilizing strategies such as, communities of practice, ongoing support planning trainings, and peer review promote an environment of practicing person centered skills and enhancing case manager’s ability to provide person centered assessment and support planning.

Continue to work with providers and neighboring counties to develop services that support people to seek meaningful roles and relationships in their communities. Meeker County serves more people with DT&H or Prevocational services than with Supported Employment in both CCB and DD programs. Additionally, Meeker County has limited choices for individuals to access employment services within their own communities. The lead agency should work across populations to ensure access to employment supports. This could include partnering with neighboring agencies, managed care organizations and increasing the use of CDCS to build options for individuals to form meaningful roles and relationships in the Meeker County communities.

Expand opportunities for people to use of Consumer Directed Community Supports (CDCS) in Meeker County. CDCS will help reduce reliance on residential services and reach people in more rural areas of the county. These programs are particularly effective at supporting people in their homes because the people design their own plan of care for in-home services. As a result of the flexibility of these programs, they offer opportunities for Individuals to select services and supports that meet specific cultural needs. Additionally, the programs can fill gaps for people who live in rural areas and struggle to find service providers. It is recommended that Meeker develop CDCS procedures to be implemented by staff to increase the use of the service by the individuals they serve.

Corrective action requirements

The following are areas in which Meeker County will be required to take corrective action. Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements (NOTE: In instances where five or fewer cases are reviewed, compliance is reported as a percentage). A corrective action plan must be developed by the lead agency and submitted to DHS, outlining how the lead agency will bring all items into full compliance.

Table 13: Lead agency corrective actions

Corrective action	Non-compliance	Requirement
The needs that were identified in the assessment/screening process are documented in the support plan.	Overall 18% of cases reviewed did not have all of a person’s assessed needs described in the support plan. Including 46% of EW, 18% of CADI, and 7% of DD cases.	Minnesota statute 256B.0911 Subd. 3a requires that a support plans documents all of a person’s needs. Services are to be developed and delivered to meet a person’s assessed needs.
Service details are included in the support plan. Service details include: provider name, type, frequency, and cost.	Overall 20% of cases reviewed did not document all of a person’s service details in the support plan. Including 8% of EW, 18% of CADI and 50% of DD cases.	For each service in an individual’s support plan, the following information must be included per MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost).

Required remediation

Findings indicate that some case files do not contain all required documentation. Meeker County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), which the Lead Agency Review Team provided to the lead agency, provides detailed information. Meeker County must correct all items within 60 days of the site visit. Verification must be submitted to the Lead Agency Review Team to document full compliance. This is due to DHS **Monday, December 24, 2018**.

- **Case File Compliance Worksheet:** 37 of 49 cases reviewed required remediation.
- **Positive Support Transition Plan Compliance Worksheet.** 100% of cases reviewed required remediation.

Appendix A – Case file results dashboard

Scales for case file results dashboard:

- If the lead agency scored 100 percent on an item, there is evidence all technical requirements are in compliance.
- If the lead agency received a corrective action on the item, denoted below with an asterisk (*) prior to the compliance percentage, this may be evidence that a business practice is not in place or is significantly inconsistent.

Results of the case file review: Assessment and support planning

The following table shows the frequency with which the following items found in a person’s support plan, CL tool (signed, dated and sent to the person), MnCHOICES assessment, a separate person-centered plan (signed and dated), case notes or other lead agency-generated documents.

Table A1: Results of the case file review: Assessment and support planning

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Documentation that face to face visits with the person has occurred within the required timelines for each HCBS program.	94%	100%	100%	100%	100%	100%	100%
Current Assessment - LTCC (DHS-3428), DD (DHS-3067) or MnCHOICES Assessment.	100%	100%	100%	100%	100%	100%	100%
DD screening document is signed/dated by all required parties or a MnCHOICES Assessment is completed annually.	96%	100%	N/A	N/A	N/A	N/A	100%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) or MnCHOICES Assessment is completed annually.	100%	100%	N/A	N/A	100%	N/A	N/A
A current AC Program Client Disclosure Form (DHS-3548) is completed annually.	100%	100%	100%	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet (DHS 2360/A) is completed annually.	95%	100%	100%	N/A	N/A	N/A	N/A
BI Waiver Assessment and Eligibility Determination form (DHS-3471) or MnCHOICES Assessment is completed annually.	98%	100%	N/A	N/A	N/A	100%	N/A
ICF/DD Level of Care (DHS-4147A) or a MnCHOICES Assessment is completed annually.	98%	93%	N/A	N/A	N/A	N/A	93%
OBRA Level One Screening form (DHS-3426) or MnCHOICES Assessment is completed annually.	98%	100%	100%	100%	100%	100%	N/A
ICF/DD Related Conditions Checklist (DHS-3848) is completed annually for a person with a related condition.	63%	N/A	N/A	N/A	N/A	N/A	N/A

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Documents are signed correctly when a person has a public guardian.	100%	100%	N/A	N/A	N/A	N/A	100%
A Release of Information to share private information is signed by the person annually.	94%	98%	100%	100%	100%	100%	100%
Documentation that a person received Right to Appeal information in the last year.	96%	96%	100%	100%	100%	100%	86%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	98%	98%	100%	100%	100%	100%	93%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person.	77%	95%	100%	100%	100%	100%	86%
Timelines between assessment and support plan have been met.	93%	97%	100%	100%	91%	100%	N/A
The support plan (ISP, CSSP, etc.) was completed in the last year.	95%	96%	100%	100%	91%	100%	86%
The current support plan was signed by all required parties.	95%	96%	100%	100%	91%	100%	93%
The person's outcomes and goals are documented in the person's support plan.	94%	96%	100%	100%	91%	100%	93%
The needs that were identified in the assessment/screening process are documented in the support plan.	68%	*82%	100%	*54%	82%	100%	93%
A person's health and safety concerns are documented in their support plan.	95%	96%	100%	100%	91%	100%	93%
Natural supports and/or services are included in the support plan. **	86%	94%	100%	92%	91%	100%	93%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	86%	96%	100%	100%	91%	100%	93%
The services a person is receiving are documented in the support plan.	94%	96%	100%	100%	91%	100%	93%
Service details are included in the support plan (frequency, type, cost, and name).	87%	*80%	100%	92%	82%	100%	*50%
An emergency back-up plan has been completed within the last year.	92%	96%	100%	100%	91%	100%	93%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	95%	94%	100%	100%	91%	100%	86%
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. **	77%	100%	100%	100%	100%	100%	100%

Results of the case file review: Development of a person-centered plan

The support plans reviewed must reflect at least nine of the 12 high-impact elements described in the development of a person-centered plan according to [The Person Centered, Informed Choice and Transition Protocol, DHS-3825, \(PDF\)](#).

Table A2: Results of the case file review: Development of a plan that is person-centered

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Support Plan Developed using Person Centered Planning elements.	87%	94%	100%	100%	91%	0%	93%
The support plan includes details about what is important to the person.	89%	94%	100%	100%	91%	0%	93%
The person's strengths are included in the support plan.	82%	88%	100%	77%	91%	0%	93%
The support plan describes goals or skills that are related to the person's preferences.	78%	96%	100%	100%	91%	100%	93%
The support plan incorporates other health concerns e.g.; mental, chemical, chronic medical.	91%	96%	100%	100%	91%	100%	93%
The support plan includes a global statement about the person's dreams and aspirations.	21%	39%	60%	23%	63%	0%	21%
The support plan identifies who is responsible for monitoring implementation of the plan.	70%	80%	100%	62%	82%	100%	79%
Action steps describing what needs to be done to achieve goals or skills are documented.	79%	94%	100%	100%	82%	100%	93%
The person's current rituals and routines (quality, predictability, and preferences) are described.	56%	70%	100%	62%	82%	0%	50%
Social, leisure, or religious activities the person wants to participate in are described.	87%	96%	100%	100%	91%	100%	93%
The person's preferred work activities are identified.	84%	100%	N/A	N/A	100%	100%	100%
The person's preferred living setting is identified.	94%	98%	100%	100%	91%	100%	100%
Opportunities for choice in the current environment are described.	88%	98%	100%	100%	91%	100%	100%

Results of the case file review: Support plan record keeping-process

The support plans reviewed 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 \(PDF\)](#).

Table A3: Results of the case file review: Support plan record-keeping process

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Support Plan was developed using person centered record keeping and documentation.	74%	88%	90%	100%	82%	100%	79%
The support plan is written in plain language.	89%	92%	90%	100%	82%	100%	93%
The support plan records the alternative home and community-based services that were considered by the person.	74%	94%	100%	100%	91%	100%	86%
The support plan includes strategies for solving conflict or disagreement within the process.	86%	94%	100%	100%	91%	100%	86%
The support plan includes a method for the individual to request updates to the plan.	89%	94%	100%	100%	91%	100%	86%
The person's level of involvement in the planning process is described.	94%	98%	100%	100%	91%	100%	100%
Documentation that the plan was distributed to the individual.	83%	92%	100%	100%	82%	100%	86%
Documentation that the plan was distributed to other people involved.	85%	94%	100%	100%	91%	100%	86%

Results of the case file review: Employment

These items can be found in the person's support plan, MnCHOICES Assessment, a separate person-centered plan (signed and dated), case notes or other lead agency generated documents.

Table A4: Results of the case file review: Employment

Required Items	State Total	LA Total	AC	EW	CADI	BI	DD
Information on competitive employment opportunities is provided to people annually.	98%	100%	N/A	N/A	100%	100%	100%
The person was provided information to make an informed decision about employment.	81%	100%	N/A	N/A	100%	100%	100%
The person was offered experiences to help them make an informed decision about employment.	71%	100%	N/A	N/A	100%	100%	100%
A decision about employment has been documented.	93%	100%	N/A	N/A	100%	100%	100%