



Home and Community-Based Services Lead Agency Review

Report for: Rice County
Lead Agency Review Site Visit: April 2018

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Contents

About the HCBS Lead Agency Review process	5
Overview.....	5
Mixed methods approach	5
About the lead agency	6
Persons served.....	6
Department management.....	7
Intake, assessment, and case assignment.....	8
Maintaining program knowledge and expertise	9
Feedback on DHS resources	9
Resource management.....	10
Person-centered practices and supports	12
Person-centered organizational development.....	12
Transition summary.....	14
Jensen Settlement Agreement	14
Positive Support Transition Plans	14
Community access and inclusion	15
Employment	16
Housing and services	17
Results and findings	18
Previous results	18
Strengths	18
Recommendations.....	19
Corrective action requirements	20
Required remediation	21
Appendix A – Case file results dashboard	25

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 over 80,000 people. 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 an individual needs due to a chronic health condition or disability that are delivered in home or other community-based settings. These services and supports include private duty nursing or personal care assistance, consumer support grants, and the Medical Assistance waiver programs. The HCBS Lead Agency Review examines six programs: (1) Alternative Care (AC) Program, (2) Brain Injury (BI) Waiver, (3) Community Alternative Care (CAC) Waiver, (4) Community Access for Disability Inclusion (CADI) Waiver, (5) Developmental Disabilities (DD) Waiver and (6) Elderly Waiver (EW). The CAC, CADI and BI programs, referred to as the CCB programs, and the DD waiver program generally serve those 64 and younger; while the EW and AC programs serve persons aged 65 and older.

The overarching goal of the HCBS Lead Agency Review is to determine how HCBS programs are operating and meeting the needs of the people they serve. Local and national pressures are influencing the current system and encouraging the state to re-examine how to best support people receiving services in a person-centered way. Some of these pressures include: [Minnesota's Olmstead Plan](#) and [Jensen Settlement Agreement](#), [Federal HCBS rule changes](#), [Minnesota Statute 245D](#), and the [Positive Supports rule](#). Additionally, the demand for services continues to grow faster than available revenues. All of these changes require that practices be aligned with person-centered thinking, person-centered planning and positive supports to ensure high quality and sustainable programs.

This evaluation process helps the Minnesota Department of Human Services (DHS) assure the compliance of counties and tribes in the administration of HCBS programs, share performance on key measures and outcomes, identify best practices to promote collaboration between lead agencies (counties, tribes, and Managed Care Organizations, or MCOs), and obtain feedback about DHS resources to prompt state improvements. Successfully serving Minnesotans hinges on state partnerships with counties, tribes, and other agencies involved in administering and delivering the programs.

Mixed methods approach

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

- Case file review
- Case manager and assessor survey and focus group
- HCBS assurance plan
- Supervisor pre-visit phone interview and onsite meeting.

These methods are intended to provide a full picture of compliance, context and practices within each lead agency, and further explain how people benefit from the HCBS programs. The data collection methods are intended to glean supporting information, so that when strengths, recommendations or corrective actions are issued, they are supported by multiple sources.

In April 2018, DHS conducted a review of Rice County’s HCBS programs. Previous HCBS lead agency reviews were conducted in September 2010 and more recently in August 2014.

About the lead agency

Persons served

Statewide, 94% of people receiving long-term services and supports do so with community-based services. HCBS provides people with more control over services, which promotes independence and reduces costs over institutional care. Rice County is a rural county located in Southeastern Minnesota. As of July 1, 2015, Rice County’s population was approximately 65,400. At the time of review, this lead agency served 895 people through the HCBS waiver programs.

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

Table 1: Percent of people receiving HCBS (2016)

Program type or disability type	Rice County	Cohort
Disabilities	97.2%	94.8%
Developmental disabilities	95.7%	94.0%
Elderly	75.2%	68.2%

Table 2: Number of people enrolled in HCBS by program

Program	2012	2016
CAC, CADI, BI waivers	183	246
DD Waiver	245	265
Elderly Waiver, AC Program	338	384

Table 3: Percent of people on waivers with high needs (2016)

Program	Rice County	Cohort
CAC, CADI, BI waivers	87.0%	78.9%
DD Waiver	89.1%	83.0%
Elderly Waiver, AC Program	82.3%	62.9%

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

Department management

Rice County is the lead agency for the HCBS programs and provides case management for these programs. The programs are managed by two departments within Rice County: the Social Services Department and the Public Health Department. Social Services is the lead for CAC, CADI, BI, and DD waiver programs while Public Health manages the AC and EW waiver programs. Although the CAC Waiver is managed by the Social Services department, on-going Case Management for this program is provided by staff in the Public Health Department due to the complexities of the health components of the individuals they served on the CAC Waiver. Rice County’s Public Health Department also serves as a contracted care coordinator for Managed Care Organizations (MCOs) with Blue Plus and UCare. The Social Services department contracts with an outside agency to provide case management for some of their individuals on the CADI Waiver that live outside of Rice County. Both the Social Services and Public Health department are housed in the same office building. The main office is located in Faribault and there is a satellite office in Northfield for individuals accessing Public Health services.

The Social Services Department has one supervisor who oversees the management of the CCB and DD programs and a staff of 15 social workers. Of the 15 staff, three are designated as MnCHOICES certified assessors and their primary role is to complete intake, referral and initial assessments for all programs except the CAC waiver. These assessors also complete reassessment for anyone under 65 years old in the PCA program as well as cases from their contracted agency. The remaining 12 staff consist of case managers: eight in DD programs and four in CADI/BI. There is some specialization for case management in the DD program - two of the eight case managers focus on children. All Case Managers are also certified assessors and complete their own reassessment for the individuals on their caseload. The Social Services department has one lead worker who manages MMIS data entry for the waiver case managers, manages half of a caseload, and is the liaison to their contracted case management agency.

The Public Health Department has one Long-Term Care Supervisor who oversees a total of eight staff. This supervisor carries a small mixed caseload of waiver programs including some MCO cases, while also performing some responsibilities as the Assistant Public Health Director. The eight staff consist of two public health nurses (PHN), four social workers, and two billing/support staff. A social worker and a PHN are designated as the primary MnCHOICES Assessors, who are responsible for completing new referrals and initial MnCHOICES assessments. These two staff also carry half a caseload, specializing in AC and Fee-for-Service EW. They are responsible for completing the annual reassessment for the individuals on their caseload. The Public Health

Department has one case manager dedicated to providing care coordination to all individuals enrolled with UCare, including all the Community Well individuals. This staff is also responsible for screening all the Nursing Home individuals for UCare and Blue Plus. The remaining three case managers' caseload are dedicated to individuals enrolled with Blue Plus. All staff do their own LTCC (legacy) assessment.

In contrast to their counterpart, the Public Health Department does not have a team lead position. There are two staff who are MnCHOICES mentors and provide many of the policy interpretations and MnCHOICES support and assistance to the team. Public Health also has two billing/support staff who support case managers by entering service agreements into MMIS and into each of the MCO's systems. In addition these two staff also manage the notifications and enrollment from the MCO's and process transportation vouchers through the use of their non-enrolled vendor process. Each of the departments have an office support staff who assists with filing paperwork and organizing forms and packets. Caseloads size varies between the two departments. In Social Services, the average caseload size is about 50-60 per case manager, while Public Health is averaging at 72 for a caseload, when totaling all individuals enrolled in their waiver programs and health plans.

Rice County has separated their waiver case management from their adult mental health case management. When a case has dual case management, the Adult Mental Health Case Manager acts as the primary case manager for the particular case unless it is involved in waiver service planning. Rice County also reported that it has fewer cases that have dual eligibility for Rule 185 and waiver services than cases in other programs. When they do have dual eligibility, cases remain with the waiver case manager for case management services. For example, if a case has a dual eligibility for Rule 185 and CADI, the case would remain with the CADI Case Manager.

Intake, assessment and case assignment

The Social Services and Public Health Departments each have their own intake process along with a voicemail that is used after business hours. The Social Services Department has a dedicated intake worker to handle phone calls, walk-in referrals and transferring calls to the appropriate department. The intake worker gathers the minimal required information and loads it into MnCHOICES prior to assigning the case to an assessor. Referral cases are assigned based on the assessor's availability. If Social Services receives an intake call for CAC, the case is transferred to the Public Health department for assessment and also for ongoing case management. For Rule 185 cases, a completed assessment will go to the Social Services supervisor for final determination. For any other assessment, the case will get assigned to an ongoing case manager based on a rotation and expertise amongst the case managers. Sometimes cases also get assigned based on the geographical location of the individual being served.

In the Public Health Department, there are several ways that intake information is being gathered and processed through for assessment. Public Health referrals may come in the form of walk-ins or phone calls, primarily to the Long Term Care Supervisor or to the Long Term Care Social Worker listed as the LTCC intake. Once the initial information is gathered, they will send the referrals to the two MnCHOICES Assessors in the unit. The assessors become the ongoing case managers once an assessment is completed and the individual is eligible for waiver services. Cases will get reassigned to a care coordinator if the individual is enrolled in a health plan with UCare or Blue Plus.

Rice County has been using MnCHOICES for both initial assessments and reassessments in the Social Services and Public Health Departments. The lead agency also launched into MnCHOICES electronic support plan in late

fall of 2017 and continues to utilize this for all new assessments. The Social Services supervisor reported that the change in responsibility for COR to complete annual assessment will have some impact on their staff's capacity.

Maintaining program knowledge and expertise

As HCBS programs' 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.

Case managers, assessors, and supervisors all reported that the communication within internal staff and external providers is one of the lead agency's strengths. They also reported great working relationships across the social service and public health departments that enhance the case consultation and problem solving processes for case managers, assessors and public health nurses. Rice County has distinct roles between waiver case management and mental health case management and reports that they work well together, often inviting each other to meetings when requested by the individuals. It was also reported that lead agency staff have strong relationships with their county's financial workers. Rice County has four financial workers assigned to long-term care cases. Focus group participants stated that having an assigned financial worker helps with the process and communication. They communicate frequently through email and phone as well as the formal communication of using DHS-form 5181 about case status such as SMRT. Focus group participants reported that because they are all housed on the same floor in the same building, staff can easily walk to each other's cubes and consult in person. In addition to financial workers, lead agency staff reported they also work well with the Adult Protection and Children's Services staff. It was stated that communication usually happens on the supervisors' level, however the information is easily disseminated to all staff.

It was reported by both of the supervisors that they each held team meeting where they would share information in regards to policy changes, and provide time for case consultation. Supervisors also reported that they use email as the main mode of daily communication with and notify staff about any immediate policy changes that cannot wait to be shared at a team meeting. In Social Services, the team meets weekly with MnCHOICES and RMS as standing topics. One of the assessors is a MnCHOICES mentor and shares updates about MnCHOICES issues at team meetings or through email if it is urgent. The social services supervisor reported that due to recent staff turnover he has not conducted any peer reviews or case audits. There is a checklist to guide staff through the assessment and service planning process. The Public Health department does conduct peer reviews twice a year and participates in the two health plans audits. The Public Health team has a monthly meeting where they cover topics such as program changes, policy updates, MnCHOICES and do case consultation.

Feedback on DHS resources

During the Lead Agency Review, lead agency staff were 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"> • eDocs • Community Based Services Manual (CBSM) • Senior Linkage Line 	<ul style="list-style-type: none"> • Bulletins • Videoconference trainings • Policy Quest

Supervisors stated that they use Community Based Services (CBSM) on a daily basis for updates on policy and program changes. They also reported that, as a lead agency, they rely heavily on E-Docs forms to meet new requirements and check monthly for updated forms. Supervisors also shared that they use the provider directory in the MHCP Provider Manual to determine if an agency is enrolled as a provider. Supervisors reported they work closely with their DSD Regional Resource Specialist to consult and confer about resources and trainings. One of the resources that supervisors reported as being challenging is the navigation of MinnesotaHelp.Info. Supervisors stated that it is difficult to navigate the system to generate a concise list of information. Often time the system provides an overwhelming amount of information that is not related to what was being searched for.

Participants from the focus group and respondents to the Case Manager & Assessor Survey rated E-Doc, CBSM, and Senior Linkage Line as the most useful DHS resources. They reported that E-docs makes it “quick and easy” to find the most up-to-date forms. They also reported that CBSM is a great resource that provides clear definitions of services and has all the needed information in one place. Focus group participants and survey respondents stated that Senior Linkage Line is another useful resource for individuals over 65 years old—especially topics relating to Medicare.

Bulletins, Videoconference trainings, and PolicyQuest were rated as the least useful among focus group participants and case manager/assessor survey respondents. It was expressed at the focus group that videoconference trainings do not provide good examples of the content presented. Focus group participants also reported that they feel some of the topics were not pertinent or that training was too rudimentary and vague. However, they recognize that videoconference training is being utilized across lead agencies and not everyone is on the same level of learning when it comes to training contents. Both focus group participants and survey respondents reported that bulletins are overwhelming - making it difficult to keep up with current policy changes - while PolicyQuest takes too long to get an answer.

Resource management

In Minnesota, waiting lists occur when the overall budgets for the 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. over spending) and access (i.e. long waiting lists). Beginning in

2015, changes in spending and wait list requirements created adding 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
Rice County	4%	100%
Statewide	6%	98.8%

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
Rice County	7%	100%
Statewide	6%	87.7%

Waiver allocations for Rice County are managed by the Social Services supervisor. For the CAC, CADI and BI programs, Rice County had a 4% balance at the end of fiscal year 2017, which is a smaller balance than the statewide average of 6%. Rice County does not have a waiting list for CCB waivers.

At the end of calendar year 2017, the DD waiver budget had a balance of 7%. Rice County’s DD waiver balance is larger than its balance in CY 2013 of 4% and slightly higher than the statewide average 6%. According to the April 2018’s Waiver Optimization report, Rice County has the capacity to enroll 16 additional individuals to the program to reach the state’s target of 3% balance.

The Social Services Supervisor reported that there is a formal process for additional requests of waiver allocations using a health and safety point checklist. It is required that a case manager includes a current annual spending report along with a proposal of the increased spending for the following year to be considered for the review process when requesting additional spending allocation. The supervisor and the lead worker maintain a spreadsheet that tracks total expenditures of current individuals and their potential needs. This process also applies to new individuals that open to the DD program. The lead worker completes and enters the first service agreement in MMIS to track the annual spending.

Rice County reported that they were involved in a workgroup with DHS for the Rate Management System (RMS) prior to launching into the MnCHOICES Rate Plan in September of 2017. The Social Services lead worker is the mentor for the RMS and provides assistance to case managers. Eighty-four percent of cases reviewed by Lead Agency Review team were in MnCHOICES and thus rates were set through the rate plan on the electronic support plan.

Person-centered Practices and Supports

Minnesota is driving 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 individual. 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 that which is valued by each person.

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, and evaluating the quality of those services; and 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	Rice County	Other Counties
Assessment, Discovery, Exploration	2.00	2.45
Planning Practices	2.57	2.71
Community Participation and Inclusion	2.43	2.62
Current Level of Support and Services	2.43	2.57
Organizational Design and Processes	2.43	2.55
Evaluation of Person Centered Practices	2.27	2.45

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

The Person Centered Practices Assessment (Figure 1, Table 7) is a tool used to evaluate person centered organizational change. Rice County was found to be strongest in the domain of Planning Practices. This domain examines the lead agency’s ability to involve the person in the planning process and provide supports to ensure informed decisions can be made. This domain also looks to see if the support plan is written in plain language and accounts for the person’s preferred communication needs and preference. The plan should also be responsive to and respectful of the person’s history, needs, interests, desires, and dreams. As evidenced in case file review, 90% of support plans indicated that plans were written in plain language. Ninety-three percent of support plans showed the person had the opportunity to make choices in their current environment and 96% showed the person’s preferred living setting was identified.

Rice County was rated lowest in the domain of Assessment, Discovery, and Exploration. This domain is about the identification and achievement of people’s dream. It includes the use of strategies and tools to help balance what is important to and for the person. It also includes using person’s input to set service goals and priorities as well as acting on the desires and dreams of the person. It was evidenced by case file review results from the Lead Agency Review team that only 17% of support plans found to include a global statement about the person’s dreams and aspirations, while 67% of support plans described goals or skills that are related to the person’s preferences. Supervisors, case managers, and assessors reported that staff are encouraged and have participated in Person-Centered trainings offered through the University of Minnesota— Institute of Community Integration as well as trainings provided by DHS Support Planning Professional Learning Community. It was reported in the focus group that staff found it difficult to apply the person centered training into their everyday practice and were unsure how to document the information so it would meet requirements. According to case file review results, 78% of support plans reviewed met the criteria of support plan developed using person centered planning elements. Rice County will need to continue to participate in the various person-centered trainings offered and participate in case consultation in order to build expertise among the case managers in person-centered practices.

Transition summary

When people accessing 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, and tours independent apartments where staffing would come into the person's own home; or it might mean that a person living in their own but needing 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. The [State of 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 did serve individuals who required a transition summary during the time period under review. The summary of the case file review results were that 75% of the cases were compliant and contained the appropriate documentation to support a transition that is person centered.

Jensen Settlement Agreement

The [Jensen Settlement Agreement](#) is the result of a lawsuit filed against the DHS, which is prompting 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 serves Jensen Settlement Agreement members. One element of the review process involving Jensen members is a review of their separate person-centered support plan. The summary of the case file review results were that 33% of the Settlement Agreement members had person-centered plans.

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) 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, to avoid the emergency use of manual restraint, and to 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.

This lead agency did not serve individuals with PSTPs during this lead agency review period.

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 a person’s 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, how services are being delivered, and how 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: Rice County case manager/assessor rankings of local agency relationships

Local agencies	Poor	Average	Good	Not applicable
School Districts	0%	21%	14%	65%
Nursing Facilities	7%	36%	36%	21%
Hospitals	7%	50%	36%	7%
Primary Care Clinics	7%	43%	43%	7%
Foster Care Providers	0%	14%	79%	7%
Customized Living Facilities	0%	29%	42%	29%
In-Home Support Providers	7%	21%	43%	29%
Center-based Day Programs	0%	21%	65%	14%
Community-based Employment Providers	0%	28%	36%	36%
Mental Health Service providers	0%	36%	64%	0%
Crisis Services	0%	36%	29%	35%
Home Health Agencies	0%	50%	43%	7%

Rice County staff shared that while they have good relationships with providers in Rice County, they still have difficulties finding and maintaining providers to provide in-home services. An example is that Lutheran Social Services has given their notice to end ILS and SILS services. Focus group participants reported that although Rice County has several foster care and customized living providers serving individuals on the DD and EW programs, case managers are struggling to find providers to serve individuals on the CADI program.

Supervisors reported that Rice County continued to see an increased growth of their Somali and Hispanic populations with increased need for interpreters and culturally competent providers. Rice County has responded

to this opportunity creatively by employing bilingual staff for office support and clerical positions who can provide in-person interpreter service when needed. It was reported by supervisors that the Social Services department required their front desk staff to be bilingual in Somali and Spanish.

It is the lead agency’s responsibility to monitor the on-going provision of services for efficacy, people’s satisfaction, continued eligibility, and make adjustments as necessary. In the Public Health Department, a satisfaction survey is sent out to individuals on a quarterly basis. The Public Health Supervisor reported that she follows up with providers if there is a concern about a person’s services. Case Managers are to check in at six-month and annual visits. The average number of face-to-face visits across all programs with case managers is 3.7 visits within the 18 months review period. Case managers also report that they are willing to have discussions with providers at any time when issues arise.

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 is also 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. Table 9 and Table 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 (FY2016)

Category	Not earning income	Earns \$250 or less per month	Earns \$251-\$599 per month	Earns \$600 or more per month
Rice County	76.1%	8.6%	4.8%	10.5%
Cohort	69.1%	13.5%	9.1%	8.3%
Statewide	74.7%	11.9%	6.7%	6.7%

Table 10: Percent of working age people on the DD waiver with earned income (FY2016)

Category	Not earning income	Earns \$250 or less per month	Earns \$251-\$599 per month	Earns \$600 or more per month
Rice County	21.7%	44.0%	22.2%	12.1%
Cohort	30.3%	40.9%	16.6%	12.2%
Statewide	36.2%	35.9%	15.9%	12.0%

Rice County is ranked 21 out of 87 counties in the percent of people on the CCB waiver earning more than \$600 per month. With a total of 10.5%, Rice County is outperforming the statewide average and counties of similar size. It was shared in the focus group that individuals who are working are employed in various settings, such as fast food restaurants, convenience stores, and Wal-Mart and BestBuy. For the DD waiver, Rice County is performing alongside their cohort, counties of similar size, and the statewide average with a total of 12.1%. Rice County is ranked 34 out of 87 counties in the percent of people earning more than \$600 per month.

Staff stated that the lack of employment providers severely limits the person’s ability to choose a work program that fits their individual needs best. They indicated people who have had poor experiences with different providers do not have much choice for alternative work experience. Staff also stated that the limitation of their current transportation services inhibits people’s ability to access employment elsewhere. To address the transportation barrier, Rice County has innovatively utilizing taxi service through the use of their non-enrolled vendor process. This service allows individuals to have more flexibility getting to work and around their communities. Staff also reported that lack of general employment in the communities is also a contributing factor to achieving integrated employment.

Case file review results indicated that 100% of working age (16 -64 years old) people across all disability programs were provided information on competitive employment opportunities annually. In addition, 89% of working age people across all disability programs were offered experiences to help them make an informed decision about employment.

As part of the Employment First efforts, Minnesota is working to increase competitive, integrated employment among people who receive Medicaid funded programs. To help achieve a 10% statewide increase by the year 2020, Rice County has a target of assisting 10 more people to obtain competitive community employment across all its disability programs.

Housing and services

Higher percentages of people able to receive services in their own homes versus provider controlled housing and residential settings reflect the availability of more flexible and 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 also 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 (2016)

Program	Rice County	Cohort
CAC, CADI, BI waivers	49.6%	60.4%
DD Waiver	38.1%	40.6%
Elderly Waiver, Alternative Care	50.8%	49.4%

As reflected above in Table 11, Rice County is underperforming compared to their cohort and statewide average on the percentage of people receiving services at home in the CCB programs. Rice County ranked 76 out of 87 counties in number of persons served at home. The statewide average percentage of people on CCB waiver programs served at home was 64.2% in 2016. Rice County ranked 46 out of 87 counties in the DD program for numbers of persons served at home. The statewide average was 44.4% while counties of similar size were at 40.6%. In contrast to the CCB and DD programs, the EW/AC programs of Rice County are serving individuals with higher needs who are also living at home. Rice County ranked 2 out of 87 counties in the numbers of people with higher needs and ranked 58 out of 87 counties in numbers of persons served at home on EW/AC programs.

Rice County has a slightly higher percentage of people receiving services at home compared to their cohort 49.4%, but still is performing below the statewide average of 62.2%.

Overall, case manager and assessor survey respondents reported that 100% of the people they serve are living where they want to live.

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 Rice 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
Include service details in support plans	This recommendation has not been fully implemented across all waiver programs in Rice County. Only care plans completed using the collaborative care plan had service details included. If the Rice County care plan was used service details were often missing. This recommendation is being reissued as a corrective action.
Self-monitor/develop and track performance measures	Rice County implemented case file checklists to self-monitor compliance with program requirements. However at the time of the review only public health staff continued to use it.
Expand the use of contracted case management	The Rice County is doing contracted case management with agency at the time of the review. There were about 55 CADI cases using contracted case management. A lead worker in Rice County is the main contact for those cases.
Create/expand the use of visit sheets to document satisfaction	Satisfaction surveys have been implemented in Rice County and the results are compiled and shared with staff.
Develop systems to support/train case managers	The Rice County has implemented this recommendation by developing support systems for case managers through hiring additional staff, creating a lead worker position, and using contracted case management to reduce caseloads.
Update business practices as waiver programs grow in size and complexity	Rice County has implemented this recommendation. They have hired additional staff including a lead worker and use contracted case management to reduce caseloads. The lead agency has also began using an electronic case file system called “case works.”

During the previous review in 2014, the lead agency received corrective actions for 12 areas of non-compliance. Since that time, the lead agency has implemented practices to correct 9 of the 12 areas. This demonstrates that Rice County promptly remediates issues to improve its compliance HCBS program requirements.

Strengths

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

The case files reviewed in Rice County continue to meet HCBS program requirements. As indicated in Appendix A, required documentation and forms were included in the files. For example, 100% of applicable case files contained required CAC, BI and AC forms as well as the ICF/DD level of care form. 100% of AC, EW, CAC and BI cases included information about right to appeal, notice of privacy practices and a signed release of information to share private data.

Rice County is able to serve people with higher needs in the community, avoiding costly and restrictive institutional placements. The lead agency serves a higher percentage of people with higher needs than its cohort (87% versus 78% for CCB, 89% versus 83% for DD, and 82% versus 62% for AC/EW). Also, across all waiver programs, Rice County serves a higher percentage of people using community-based services than institutional care when compared to its cohort (97% versus 94% for CCB, 95% versus 94% for DD, and 75% versus 68% for EW/AC). This demonstrates that Rice County is able to work with a range of HCBS service providers to ensure that people's high medical and behavioral needs can be met safely in the least restrictive environment.

Rice County been proactive in their rollout of MnCHOICES and use of electronic case files. The lead agency was able to hire additional assessor staff as well as support staff who are bilingual and whose primary duties are to be interpreters for people coming into the county for services. They have a strong team of assessors who complete all initial assessments. This agency has also implemented an electronic case file system (case works) to streamline processes and increase the capacity of staff. The electronic system will improve consistency across HCBS waiver programs and allow supervisors to easily access case file documentation for internal auditing and monitoring.

Rice County staff collaborate across disciplines and units, and advocate for the people they work with. Case management and assessor staff have a wide variety of backgrounds and experiences. They rely on each other's expertise and knowledge when serving the people on their caseloads. The relationship between social workers and nurses is strong especially since the advent of MnCHOICES. Their interdisciplinary team works closely together to ensure the needs of the people they are serving is being met. They also report strong relationships with adult mental health staff and adult protection workers as they work together frequently, to resolve complicated issues the people on their caseloads are facing. These strong working relationships and practices enhance the services people are receiving and helps them navigate complicated systems.

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 Rice County and people receiving services.

Continue to increase community-based employment opportunities to ensure people with disabilities have choices for competitive, meaningful and sustained employment. This recommendation is being reissued due to the increasing importance of providing employment opportunities for people with disabilities to fully engage in their communities. The State's Employment First Initiative establishes benchmarks for all lead agencies to increase the number of people with disabilities earning income through community based competitive employment. Rice County's benchmark is to move 10 people per year into competitive integrated employment. The lead agency is ranked 52th out of 87 counties with 15% of people earning more than \$250 in the CCB programs. Rice County is ranked 17th of 87 counties with 34% of people in the DD program earning \$250 or more per month. There are 34 individuals of transition age (ages 18 to 22) in the CCB and DD programs who will want to work in the community and earn a competitive wage. It is recommended that Rice County continue to work with community members and providers to reduce their use of center-based employment and develop more opportunities that result in higher wages to better meet the emerging demands of its community members.

Effective January 6, 2017 the lead agency must obtain signatures from each waiver provider on all support plans that the individual has agreed to share the plan with. The provider signature indicates the provider's acknowledgement of the services and supports in the plan. It is also their agreement to deliver services as outlined in the support plan. Case file results show that 82% of support plans were shared with other people involved in a person's plan. Rice County should build on current processes and procedures to develop a protocol for both its internal care managers and contracted agencies to use in sharing support plans with providers.

Rice County has reserves in its DD waiver budget that should be used to serve additional people. According to the March 2018 waiver management system there was a 7% (\$1,783,728) budget reserve in the DD allocation for calendar year 2017. Based on recent reports the lead agency could enroll an additional 23 people and reach the 97% of their allocation, the statutory target. It is recommended that Rice County develop a process to consistently add people to the DD waiver program. This should involve utilizing waiver optimization spreadsheets provided by DHS and requesting additional allocations when needed. There is room as well to add additional services such as supportive employment on an ongoing basis to enhance the quality of people's lives.

Continue efforts to develop person-centered support plans by adding critical content to each support plan and using consistent support plan formats across programs. The support plan is the one document that all people receive, and it should include individualized and detailed personal information about the person and their services and supports. In accordance with the Person-Centered Thinking training that lead agency staff have received, people should be asked about their aspirations, where they want to live, what type of work they want to do, and how they want to spend their free time. Only 17% of all case files reviewed contained information about a person's dreams or aspiration and only 59% contained information about a person's current rituals and routines. It is recommended that Rice County develop practice groups where case management staff and MnCHOICES assessors across programs can have training and discussions about how to apply person-centered practices in their daily work.

Provide additional supports for assessors, and case managers including contracted case managers. LTSS programs in Minnesota have undergone a significant number of major changes in recent years and staff in many counties are struggling to keep up. Administering the waiver programs and completing MnCHOICES assessments across all programs has become more complicated. With growing caseloads and the level of high needs individuals that Rice County is serving; case managers require continued support to interpret policy changes and

apply them consistently throughout programs. Other lead agencies have deployed different strategies to provide additional supports. These included: the elimination of a supervisors case load, reduce the case load of the lead worker to give her the opportunity to stay current with program and policy changes and sharing information with other case managers at staff meetings. Some lead agencies has also reduced the number of managed care organizations they contract with as well as using check lists and internal audits to promote consistency among staff. This recommendation is being reissued, as additional supports continue to be needed to gain efficiencies and to provide staff with the time it takes to keep up with program changes and enhance their use of person-centered practices.

Corrective action requirements

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements¹. A corrective action plan must be developed and submitted to DHS, outlining how the lead agency will bring all items into full compliance. The following are areas in which Rice County will be required to take corrective action. Because some items below were previously issued, the review team recommends Rice County review past submissions to ensure the corrective action plan will result in a compliant result this time.

Table 13: Lead agency corrective actions

Corrective action	Non-compliance	Requirement
The current support plan was signed by all required parties.	Overall, 23% of CADI cases reviewed did not have a support plan that was signed by all required parties	Minnesota Rule requires signatures of the person, the person's legal representative, and the case manager at least annually. This ensures that the support plan was finalized and agreed to, with the informed consent of the individual.
The support plan (ISP, CSSP, etc.) was completed in the last year.	Overall, 23% of CADI cases reviewed did not have a support plan that was completed in the last year.	Minnesota statute requires that all support plans must be completed on at least an annual basis. Support plans are the basis for service delivery and without a support plan people have not acknowledged agreement with the plan.
The person's outcomes and goals are documented in the person's support plan.	Overall, 27% of CADI cases reviewed did not have outcomes and goals documented in the support plan.	MN statute requires that all support plans contain specific information about the person including the outcomes and goals a person has to meet individual desires.

¹ In instances where five or fewer cases are reviewed, compliance is reported as a percentage.

Corrective action	Non-compliance	Requirement
The needs that were identified in the assessment/screening process are documented in the support plan.	Overall 31% of cases did not document all of a person's needs in the support plan. This includes 30% of AC, 59% of EW, 25% of CAC, 23% CADI, and 17% of DD cases.	Minnesota statute 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.
A person's health and safety concerns are documented in their support plan.	Overall 23% of CADI cases did not meet this requirement.	Minnesota statute and the federally approved waiver plans require that all support plans contain specific information about the person to ensure that the services a person receives ensures his/her health, welfare, and safety.
The services a person is receiving are documented in the support plan.	Overall, 23% of CADI cases did not document the services the person was receiving.	MN statute requires that all support plans contain specific information about the person including the services a person is to receive to meet individual desires, needs, and preferences and to ensure their health, welfare, and safety.
Service details are included in the support plan (frequency, type, cost, and name).	Overall 46% of cases did not document all of a person's service details in the support plan. This includes 20% of AC, 58% of CADI 50% of BI, and 93% of DD cases reviewed.	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).
Risks are identified in the support plan, and it includes a plan to reduce any risks.	Overall 23% of CADI cases did not identify or have a plan to reduce risk.	Federal regulation CFR 42 and MN §256B.0911 require a person's risks to be documented in the support plan as well as a plan to reduce the risks.
Written community support plan is completed within required timelines following an assessment or reassessment.	Overall 26% of CADI cases did not have the written support plan provided to the person within required timelines following the assessment.	MN Statute requires a written community support plan be provided to the person or the person's legal representative no more than 40 calendar days after the date of assessment, and requires a coordinated service and support plan be developed and signed by the person within ten working days after the case manager receives the assessment information and written community support plan.

Corrective action	Non-compliance	Requirement
An emergency back-up plan has been completed within the last year.	Overall 22% of CADI cases did not document a person's emergency back-up plan.	Minnesota's federally approved waiver plans require case managers to annually develop emergency back-up plans that identifies an emergency contact AND addresses other elements such as, emergency medical care, provider no-shows, or weather conditions.
Documentation that a person received Right to Appeal information in the last year.	Overall 23% of CADI cases did not document that a person received their right to appeal information.	MN statute requires that people receive Right to Appeal information on an annual basis.
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person. (DHS-2727)	Overall 13% of cases did not include a signed DHS 2727 form in the file. This includes 26% of CADI and 25% of BI cases.	Minnesota's federally approved waiver plans require case managers to annually obtain a signed DHS-2727 form at the time of the MnCHOICES assessment.
Support Plan developed using person-centered Planning elements.	Overall 21% of cases did not have a support plan that used person centered planning elements. It includes 20% of AC, 25% of CAC, 39% of CADI and 50% of BI cases.	Federal regulation CFR 42 and MN §256B.0911 require that person – centered support plan reflect (1) what is important to the person, (2) strengths, (3) the preferred living setting, (4) the preferred work activities, (5) opportunities for choices are described, (6) who is monitoring the support plan, (7) the individually identified goals and skills, (8) actions steps to be taken to achieve the person's goals or skills, (9) reflects other health concerns, (10) reflects current rituals and routines, (11) describes the social, leisure or religious activities and (12) reflects dreams and aspirations for the future.

Corrective action	Non-compliance	Requirement
Support Plan was developed using person centered record keeping and documentation.	Overall 28% of cases did not have a support plan that used required person centered record keeping and documentation. It includes 20% of AC, 17% of EW, 25% of CAC, 44% of CADI, 25% of BI and 27% of DD cases.	The support plan that is developed through the person-centered planning process according to Federal regulation CFR 42, Subpart G §441.301 must include (1) the person's level of involvement, (2) be provided in plain, accessible language (3) include strategies for solving conflict or disagreement within the process (4) include a method for the individual to request updates to the plan (5) records the alternative home and community-based services that were considered by the individual, and (6) document that the plan was distributed to the individual and others involved in their support.

Required remediation

Findings indicate that some case files do not contain all required documentation. Rice County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), which was given to the lead agency, provides detailed information. All items are to be corrected by within 60 days of the site visit and verification submitted to the Lead Agency Review Team to document full compliance. The compliance worksheets have been received by DHS and are complete.

- **Case File Compliance Worksheet:** 96% of cases reviewed require remediation.
- **Jensen Compliance Worksheet:** 33% of cases reviewed require remediation.

Appendix A – Case file results dashboard

Scales for case file results dashboard:

- If the lead agency scored 100% 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, this may be evidence that a business practice is not in place or is significantly inconsistent.

Table A1: Results of the case file review

REQUIRED ITEMS	State Total	LA Total	AC	EW	CAC	CADI	BI	DD
Assessment and Support Planning								
Documentation that face to face visits with the person has occurred within the required timelines for each HCBS program.	94%	94%	100%	100%	100%	92%	75%	90%
Current Assessment - LTCC (DHS-3428), DD (DHS-3067) or MnCHOICES Assessment.	100%	99%	100%	97%	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	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%	100%	100%	N/A
A current AC Program Client Disclosure Form (DHS-3548) is completed annually.	100%	90%	90%	N/A	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	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	N/A	100%	N/A
CAC Application (DHS-3614) or Request for Physician Certification of Level of Care (DHS-7096) is completed annually.	100%	100%	N/A	N/A	100%	N/A	N/A	N/A
ICF/DD Level of Care (DHS-4147A) or a MnCHOICES Assessment is completed annually.	98%	100%	N/A	N/A	N/A	N/A	N/A	100%
OBRA Level One Screening form (DHS-3426) or MnCHOICES Assessment is completed annually.	98%	99%	100%	100%	100%	96%	100%	N/A
ICF/DD Related Conditions Checklist (DHS-3848) is completed annually for a person with a related condition.	63%	0%	N/A	N/A	N/A	N/A	N/A	0%

REQUIRED ITEMS	State Total	LA Total	AC	EW	CAC	CADI	BI	DD
Documents are signed correctly when a person has a public guardian.	100%	100%	N/A	100%	N/A	100%	N/A	100%
A Release of Information to share private information is signed by the person annually.	94%	97%	100%	100%	100%	91%	100%	97%
Documentation that a person received Right to Appeal information in the last year.	96%	93%	100%	100%	100%	*77%	100%	97%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	98%	97%	100%	100%	100%	92%	100%	97%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person.	77%	87%	100%	94%	100%	*74%	75%	90%
Timelines between assessment and support plan have been met.	93%	88%	90%	97%	100%	*74%	100%	N/A
The support plan (ISP, CSSP, etc.) was completed in the last year.	95%	90%	90%	97%	100%	*78%	100%	97%
The current support plan was signed by all required parties.	95%	92%	90%	97%	100%	*78%	100%	97%
The person's outcomes and goals are documented in the person's support plan.	94%	90%	90%	97%	100%	*74%	100%	93%
The needs that were identified in the assessment/screening process are documented in the support plan.	68%	*69%	*70%	*41%	75%	*78%	100%	*83%
A person's health and safety concerns are documented in their support plan.	95%	92%	90%	97%	100%	*78%	100%	97%
Natural supports and/or services are included in the support plan.**	86%	89%	90%	90%	100%	73%	100%	97%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	86%	90%	80%	97%	88%	*78%	100%	97%
The services a person is receiving are documented in the support plan.	94%	92%	90%	97%	100%	*78%	100%	97%
Service details are included in the support plan (frequency, type, cost, and name).	87%	*57%	80%	97%	88%	*47%	50%	7%
An emergency back-up plan has been completed within the last year.	92%	92%	90%	97%	100%	*78%	100%	97%

REQUIRED ITEMS	State Total	LA Total	AC	EW	CAC	CADI	BI	DD
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	95%	92%	90%	97%	100%	*78%	100%	97%
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%	86%	N/A	100%	N/A	86%	N/A	67%
Development of a Person Centered Plan								
Support Plan Developed using Person Centered Planning elements.	87%	*79%	80%	90%	75%	*61%	50%	90%
The support plan includes details about what is important to the person.	89%	82%	90%	90%	50%	65%	75%	97%
The person's strengths are included in the support plan.	82%	77%	80%	76%	88%	69%	50%	87%
The support plan describes goals or skills that are related to the person's preferences.	78%	67%	90%	76%	13%	46%	75%	83%
The support plan incorporates other health concerns, e.g., mental, chemical, chronic medical.	91%	91%	90%	93%	100%	77%	100%	97%
The support plan includes a global statement about the person's dreams and aspirations.	21%	17%	10%	10%	0%	27%	50%	17%
The support plan identifies who is responsible for monitoring implementation of the plan.	70%	79%	60%	83%	88%	65%	100%	90%
Action steps describing what needs to be done to achieve goals or skills are documented.	79%	79%	80%	93%	100%	65%	75%	77%
The person's current rituals and routines (quality, predictability, and preferences) are described.	56%	59%	30%	45%	100%	50%	50%	80%
Social, leisure, or religious activities the person wants to participate in are described.	87%	94%	80%	97%	100%	92%	100%	97%
The person's preferred work activities are identified.	84%	88%	N/A	N/A	86%	87%	67%	91%
The person's preferred living setting is identified.	94%	96%	90%	97%	100%	96%	100%	97%
Opportunities for choice in the current environment are described.	88%	93%	90%	93%	88%	85%	100%	100%

REQUIRED ITEMS	State Total	LA Total	AC	EW	CAC	CADI	BI	DD
Support Plan Record Keeping Process								
Support Plan was developed using person centered record keeping and documentation.	74%	*72%	80%	*83%	75%	*56%	75%	*73%
The support plan is written in plain language.	89%	90%	90%	97%	100%	73%	75%	97%
The support plan records the alternative home and community-based services that were considered by the person.	74%	88%	90%	93%	88%	73%	100%	93%
The support plan includes strategies for solving conflict or disagreement within the process.	86%	91%	90%	93%	100%	78%	100%	97%
The support plan includes a method for the individual to request updates to the plan.	89%	91%	90%	93%	100%	78%	100%	97%
The person's level of involvement in the planning process is described.	94%	94%	90%	97%	100%	85%	100%	100%
Documentation that the plan was distributed to the individual.	83%	76%	80%	86%	88%	60%	100%	73%
Documentation that the plan was distributed to other people involved.	85%	82%	90%	90%	88%	62%	100%	87%
Employment (aged 16-64)**								
Information on competitive employment opportunities is provided to people annually.	98%	100%	N/A	N/A	100%	100%	100%	100%
The person was provided information to make an informed decision about employment.	81%	93%	N/A	N/A	86%	96%	67%	96%
The person was offered experiences to help them make an informed decision about employment.	71%	89%	N/A	N/A	50%	92%	0%	95%
A decision about employment has been documented.	93%	96%	N/A	N/A	100%	96%	100%	96%