



Home and Community-Based Services

Lead Agency Review

Report for: **Southwest Health and Human Services**

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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 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
- Provider survey
- Supervisor pre-visit phone interview and onsite meeting
- Tier 2 non-enrolled vendor claims

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 November 2016, DHS conducted a review of Southwest Health and Human Services' (SWHHS) HCBS programs. Previous HCBS lead agency reviews were conducted in 2008 and more recently in 2013.

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. SWHHS is a multi-county agency that includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. As of July 1, 2015, the population of the counties that make up SWHHS was approximately 74,199. At the time of review, SWHHS served 1,178 people through the HCBS waiver programs.

Tables 1 through 3 show a profile of the people served by SWHHS. Table 1 depicts the percent of people receiving HCBS by program in SWHHS. 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 (2015)

Program or Disability Type	SWHHS	Cohort
Disabilities	91.1%	95.2%
Developmental Disabilities	88.9%	94.5%
Elderly	53.5%	68.2%

Table 2. Number of people enrolled in HCBS by program

Program	2011	2015
CCB	352	363
DD	336	338
EW/AC	510	477

Table 3. Percent of people on waivers with high needs (2015)

Program	SWHHS	Cohort
CCB	67.8%	83.7%
DD	78.3%	78.3%
EW/AC	40.5%	69.3%

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

SWHHS is the lead agency for all HCBS programs and provides case management for AC, BI, CAC, CADI, DD and EW. SWHHS is a multi-county agency that includes Lincoln, Lyon, Murray, Pipestone, Redwood, and Rock Counties. The waiver programs are managed in the Adult Social Services Unit, by three Social Services supervisors who oversee all case managers serving the six-county region. All three Social Services supervisors are housed in the Marshall office but also visit the lead agency's satellite offices located in each of the other five counties. SWHHS also serves as a contracted care coordinator for the Managed Care Organizations (MCO) UCare, Blue Plus and PrimeWest.

The Social Services supervisor for the DD waiver program oversees 11 DD case managers who are all social workers. Two of these social workers are dedicated to initial MnCHOICES assessments and do not carry a caseload. All DD case managers are also certified MnCHOICES assessors and complete reassessments for their respective caseloads. This supervisor also oversees two case aides, one in Lyon County and the other in Rock County.

The Seniors Unit is managed by a Social Services supervisor who oversees 12 waiver staff responsible for EW/AC case management and MCO care coordination. One of the case managers is the primary initial assessor and does not carry a caseload. There is also a lead case manager in this unit with a primary role of working with the MCO's. The EW/AC case management staff in this unit are dispersed across all six counties, and all case managers are certified MnCHOICES assessors. In addition, the supervisor of the Seniors Unit is responsible for oversight of three adult protection workers.

The Social Services supervisor for the CCB waiver programs supervises a team of nine case managers along with one assessor. Similar to the other waiver teams, all case managers are certified MnCHOICES assessors. Case managers have a mix of CCB programs on their caseloads, with the exception of CAC cases which are assigned to specific case managers.

At the time of the review, SWHHS had a newly developed assessment team. This MnCHOICES assessment team is responsible for all initial assessments currently, and in the future will be responsible for ongoing reassessments as well. The assessment team is comprised of waiver case managers throughout the DD, CCB and EW/AC programs as well as two public health nurses. Presently, the staff in this unit are supervised by the three Social Services supervisors and a Public Health supervisor, with the ultimate goal of hiring a full-time supervisor to oversee the unit.

Intake, assessment, and case assignment

SWHHS has a central intake system with two phone lines, one for adults and the other for children. A dedicated staff housed in Lyon County fields all calls from all six counties. In addition, each county office also has a backup intake staff to provide coverage in the event that the dedicated intake person is unavailable. When this occurs, the backup staffing will gather relevant information and send it to the central intake email in which several county staff have access to. The dedicated intake staff enters the information into SSIS and supervisors have a monthly rotation for monitoring and assigning new cases. All initial MnCHOICES assessments are assigned to the newly formed assessment team. Across programs, after the initial assessment has been completed, cases are assigned by supervisors to case managers based on geographic location, service needs and specialized caseloads. Both the case managers and supervisors reported that the centralized intake system is working well.

Currently, Minnesota Statute requires LTSS assessments to be completed within 20 days from the initial intake in order to ensure equal and expedient access to all people requesting HCBS services. SWHHS had 63% of assessments completed on time in CCB, while EW/AC and DD had 83.6% and 83.3% respectively. This illustrates the overall efficiency of their intake and assessment process.

However, for those people who did not receive a MnCHOICES assessment within 20 days, the delay prevents them from receiving important services that help them live safely in the community.

To assist with getting everyone entered into MnCHOICES, all case managers are completing reassessments in MnCHOICES for people on their caseload. SWHHS does not have a formal goal as to when all people will be entered into MnCHOICES, but they are completing reassessments using that tool as much as possible. Fifty-three percent of cases reviewed during the lead agency review had the most recent assessment completed through MnCHOICES. This demonstrates the lead agencies' progress towards full implementation of MnCHOICES.

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.

SWHHS staff use a number of different strategies to stay current on programmatic changes. The Social Services supervisors forward pertinent DHS updates of bulletins and/or available trainings to staff. They also hold monthly meetings to share information from trainings, program changes, bulletins and consult about their cases. In addition to the monthly unit meetings, staff also attend Region 8 meetings. The case managers and assessors also stays up to date with program changes through the SWHHS SharePoint site called Connect Six. This site serves as an internal resource for posting updates, bulletins, and links to forms. Case managers reported the piloting of onboarding/mentorship program for new case managers. This is to foster good working relationships with their peers in relying on each other to keep up with the changes in HCBS waiver programs. In addition, they commented that although MnCHOICES can be challenging at times, the consistent use of it is making their work more efficient.

Case managers stated they are very supportive and involved in monitoring the delivery of services and well-being of the people on their caseload. A review of case files showed SWHHS case managers were visiting people at an average of 4.5 times in an 18-month period for all waiver programs. Given the turnover of staff and varying caseload sizes, results show that they are doing well with keeping up with changes and visiting people more frequently than required across all waiver programs.

Providers serving SWHHS who completed the provider survey report that staff have adapted well to and had the capacity to remain current with program changes overall. In particular, providers who responded to the survey rated SWHHS staff higher on their knowledge of implementing changes associated with Person-Centered Planning (83% overall), Positive Supports (83%), 245D HCBS Licensing (67%), Disability Waiver Rate System (67%) and CMS Settings (67%). Overall, providers thought highly of the lead agency's ability to provide needed assistance in a timely manner.

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 	<ul style="list-style-type: none"> DB101.org

Rating	High	Low
	<ul style="list-style-type: none"> • Videoconference Trainings • Webinars 	<ul style="list-style-type: none"> • HB101.org • MinnesotaHCBS.info

There are several DHS resources that SWHHS case managers and assessors report as helpful in completing their daily work. Respondents to the case manager and assessor survey rated the E-Docs, Videoconference Trainings, and Webinars as the most helpful resources. Staff indicated that the eDocs are used daily and are relatively easy to use. Additionally, focus group respondents stated that eDocs was a resource that they relied on to provide the most updated version of forms. Due to being located in separate offices within the six counties, staff appreciate attending trainings via webinar which allows them to participate remotely and the ability to archive them for later use.

The Social Services supervisors along with their staff rated DB101.org and HB101.org as low mostly due to not being familiar with this resource. Although some staff were not aware of HB101.org or DB101.org, they expressed an interest in learning about the tools and utilizing them in the future.

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 will create 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 (2016)

	Year-end budget balance	Percent of program need met
SWHHS	7%	100%
Statewide	8%	99.9%

Table 6: Combined year-end budget balance and percent of program need met for DD (2015)

	Year-end budget balance	Percent of program need met
SWHHS	6%	100%
Statewide	7%	88.7%

For the CAC, CADI and BI programs, SWHHS budget balance has ranged from 1% to 24% in recent years, with a balance of 7% at the end of fiscal year 2016. This is a smaller balance than the statewide average (8%). The CCB waiver programs do not have a waitlist at this time. This demonstrates that the Lead Agency has been able to maintain year-end budget balances without creating waitlists, demonstrating that its allocation is able to meet the needs of their community members at this time.

At the end of calendar year 2015, the DD waiver budget had a balance of 6%, which is similar to its recent year-end balances and less than the statewide average (7%). At the time of the review, SWHHS had a small waitlist for this program. Enrollment for this program has been stable over the past few years, with an increase of only two people since 2011. DHS shared with the lead agency that

November 2016 projections indicate SWHHS is able to add 33 people to reach the 97% of their allocation, the statutory target. They are able to enroll up to 51 people to reach 100% of their allocation.

The Social Services supervisors oversee the Waiver Management System (WMS) and work closely with staff for any increase requests. Currently, Lead Agency staff use a formal process and form to request any increases. They consult with the DD Social Services supervisor who does a simulation to approve or deny any requests. This process has been working well for SWHHS and with funds available from its six counties they have been able to meet majority of these requests.

Person-centered practices and supports

Minnesota is driving towards 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](#) 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



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

Table 7. Average score by domain

Domain	SWHHS	Other Counties
Assessment, Discovery, Exploration	2.73	2.47
Planning Practices	2.88	2.76
Community Participation and Inclusion	2.93	2.67
Current Level of Support and Services	3.02	2.61
Organizational Design and Processes	2.91	2.61
Evaluation of Person Centered Practices	2.60	2.51

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

As Table 6 indicates, Current Level of Support and Services is the strongest area of performance, exceeding the average from other counties. The lead agency has demonstrated a commitment to training its staff on what it means to be person-centered today. However, not all case managers have received training. Case managers and assessors in the focus group stated that most have received training on person-centered practices and are supported by their management team to provide person-centered supports and services. They reported that the trainings have been from a variety of sources, including the MnCHOICES certified assessor training and training from DHS’s training partner, the Institute on Community Integration at the University of Minnesota. In addition, case managers are reaching out to their local service providers to collaborate on person-centered practices. This commitment to person centered practices by SWHHS shows a higher performance in all areas of person-centered practices as indicated in the table above.

The Lead Agency Review team found evidence of SWHHS’s use of person-centered practices in several areas. For example, 91% of support plans for people on AC, BI, CADI, EW and DD waivers

included the person's level of involvement in the planning process. In the AC and BI waiver programs, 100% of support plans included details about what is important to the person. Provider survey respondents indicated that lead agency staff have stayed current on person-centered practices and planning (83%). Although only 17% of respondents reported that support plans include what is important to the person, the review team found evidence from case files that 83% of support plans had sufficient details about what is important to the person.

Although SWHHS is performing well in person-centered practices, there were also areas for improvements in drafting person-centered support plans. Just 36% of support plans include strategies for solving conflict or disagreement within the process, and 14% of support plans included information on the dreams or aspirations of the person. The distinction between a goal and a dream is important to make, as dreams often reflect what motivates and inspires people, which helps create improved outcomes for the individual. If a person's dreams are outlined in their support plan, when providers review those plans, as is required by statute, they may modify their services to meet an individual's aspirations. Overall, these results demonstrate opportunities for this lead agency to build on their application of many person-centered thinking techniques.

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](#) details additional requirements specific to people who are making a move from one residential setting to another.

This lead agency serves people on waiver programs who have moved residences since March 1, 2016. Although the lead agency was using the DHS-3936 My Move Plan Summary, it was not consistently being used across all programs. Some of the required transition planning components were missing in cases when the My Move Plan Summary was not used including who will be delivering the individuals belongings, a plan for medications and follow up contacts after the move. Having a transition plan helps make the move smooth and successful, as it clarifies roles and expectations before, during and after the move. Social Services supervisors and case managers from the focus group agreed that with consistent use of the recent release of DHS-3936 My Move Plan Summary, they will be able to work with people and providers to coordinate transitions in a more person-centered way.

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. A review of the case files for these individuals included the evaluation of a separate person-centered plan, in addition to the HCBS support plan. The Jensen Settlement Agreement members reviewed all had separate person-centered plans.

Overall, the information in the separate person-centered plan was incorporated into the person’s HCBS waiver support plan, resulting in strong continuity.

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 serves people with PSTPs. SWHHS staff appeared to be involved and actively participating in identifying ways to reduce the use of aversive procedures with the person and 245D providers. All files reviewed had an approved PSTP and were reviewed at the agreed upon intervals. However, the documents were not always complete, nor were they signed by all required parties. Although the providers and case managers appeared to be knowledgeable about the changing requirements around the Positive Supports Rule, this demonstrates an area for improved monitoring on the part of the case managers.

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: SWHHS case manager/assessor rankings of local agency relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts	0%	26.3%	21.1%	52.6%
Nursing facilities	0%	42.1%	52.6%	5.3%
Hospitals	5.3%	31.5%	57.9%	5.3%
Primary care clinics	0%	31.5%	63.2%	5.3%
Foster care providers	0%	21.1%	52.6%	26.3%
Customized living facilities	0%	21.1%	36.8%	42.1%
In-home support providers	0%	15.8%	68.4%	15.8%

Local Agencies	Poor	Average	Good	Not applicable
Center-based day programs	0%	15.8%	52.6%	31.6%
Community-based employment providers	0%	10.5%	47.4%	42.1%
Mental health service providers	0%	26.3%	57.9%	15.8%
Crisis services	0%	21.1%	36.8%	42.1%
Home health agencies	5.3%	15.8%	68.4%	10.5%

Lead agency staff shared they have overall positive relationships with providers in SWHHS, rating most provider types as average or good. Case managers and assessors are knowledgeable about resources and supports in the communities they serve. They participate in meetings with their local schools and communicate with primary care clinics about how to better serve people on waiver programs. However, case managers noted that their communication with their local hospitals could be improved especially when participants are hospitalized or being discharged in order to provide the needed support services.

Focus group participants expressed frustrations with the lack of providers in their community. They noted that service providers sometimes struggle finding staff in the rural areas. For example, SWHHS case managers reported difficulty obtaining home health care and crisis services. This is because the providers do not have staff to provide the needed support, especially for people with more challenging behaviors.

It is the lead agency’s responsibility to monitor the on-going provision of services for efficacy, people’s satisfaction, continued eligibility, while making adjustments when necessary. SWHHS monitors providers informally through planned and unplanned visits, meetings, email communications and phone calls. Individuals receiving services will contact their case managers or the supervisor when they are not satisfied with services. If issues arise, the supervisor then address it with the individual case manager. In addition, the lead agency also sends out an annual satisfaction survey to gather information about how the person or family feels about their case management services. SWHHS uses the information gathered to correct any issues individuals have with services or how services are delivered.

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 (2015)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
SWHHS	60.4%	21.5%	9.8%	8.3%
Cohort	66.2%	17.3%	9.0%	7.5%
Statewide	72.5%	14.2%	7.6%	5.7%

Table 10. Percent of working age people on the DD waiver with earned income (2015)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
SWHHS	12.1%	54.7%	21.5%	11.7%
Cohort	31.7%	41.0%	16.5%	10.8%
Statewide	34.3%	41.7%	15.8%	8.2%

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 that individuals living in Redwood and Marshall have more supportive employment options than those who in more rural areas of SWHHS. The Social Services supervisor stated SWHHS is working with a new local service provider whose experience was previously with DT&H services to develop more supported employment services in Marshall and other areas. In addition, the lead agency is working to bring in new providers by reaching out to employment providers in other counties and requesting they expand their service offerings to people in SWHHS communities.

The case manager and assessor survey and focus group attendees stated that some of the people they work with are in community-based or competitive employment. However, they indicated that there are some service limitations such as the person wanting to work at the DT&H but experiencing barriers such as transportation and waitlists. Respondents to the case manager’s survey indicated that more than 50% of the people interested in employment are working in the setting they want.

SWHHS is ranked 37 out of 87 counties in the percent of people on the CCB waivers earning more than \$250 a month (18.1% of those served). For the people on the DD waiver, SWHHS is ranked 25 out of 87 counties in the percent of people earning more than \$250 a month (33.2% of those served). Staff stated that for those individuals interested in community employment, providers are sometimes slow to act due to their lack of staff and the lack of available community jobs. Case managers also noted that transportation is limited in the county, making it difficult for people to access employment in the community if they are unable to secure their own transportation.

SWHHS’s portion of the Minnesota Olmstead Plan’s benchmark to increase employment and earnings for people with disabilities is approximately 15 people per state fiscal year. Staff across the lead agency agreed that their community is committed to people with disabilities holding independent jobs because it is important for people to work. They will continue to build on their strong existing relationships with providers and community businesses to create and promote opportunities for people to explore employment options.

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 (2015)

Program	SWHHS	Cohort
CCB	72.5%	63.8%
DD	26.0%	39.3%
EW/AC	60.6%	53.7%

As reflected in the data above, SWHHS has a higher percentage of people receiving services in their home compared to their cohort in the CCB and EW/AC programs. For the DD program, the percent of people served at home is less than their cohort. The lead agency is a higher user of many services that are instrumental in keeping people in their own homes in the CCB program such as personal care assistance (28.2% vs cohort use of 23.6%), and home delivered meals (21.9% vs 16%). Since 2011, the percentages of people served in their own home have not changed much across all waiver programs with the exception of a 10.2% decrease for those on the EW/AC program.

Respondents to the case manager survey indicated that people are living where they want to live and with whom of their choosing. This was evident in the case file reviewed with 83% indicating that they are living where they want to. Social Services supervisors also stated there are several barriers to serving people at home in SWHHS. One of these is the lack of homecare services available in more rural areas. Which can force people into more restrictive residential settings because the services are not available to keep them in their own homes. The Social Services supervisors stated they are working with an Iowa based community provider to expand their services to include in-home supports for people who wish to reside in their own home in addition to reaching out to other neighboring counties for providers who may be willing to expand their services.

Non-enrolled vendors

With the end of lead agency contracts for HCBS services effective January 1, 2014, lead agencies may elect to use vendors not enrolled as a Minnesota Health Care Programs (MHCP) provider for some waiver services to increase local access to those services. Lead agencies choosing to do this must comply with DHS policies and document verification that all providers receiving Medical Assistance funds meet all applicable service standards.

SWHHS uses non-enrolled Tier 2 and Tier 3 vendors on a limited basis. Claims were identified for Tier 2 services (primarily chore services and Environmental Accessibility Adaptions) provided in the last year to individuals on CCB and DD waiver programs. Case managers have authorized Tier 2 services to improve access and better meet the needs of the people they work with.

The documentation for Tier 2 vendor service claims identified for the sample were reviewed. SWHHS does not currently maintain a log that contains all the DHS required elements needed for Tier 2 vendors. Documentation provided at the time of review demonstrates that SWHHS case managers sometimes have vendors sign service purchase agreements, but there was no verification if these vendors were on the exclusion list. During the site visit, the Social Services supervisors stated they were committed to improving their non-enrolled vendor’s process to meet DHS standards.

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 SWHHS' 2013 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	Update on Lead Agency Actions
Include details about the person's services in the care plan.	Of the case files reviewed, 91% included details about the person's services in the care plan. This indicates that overall, the lead agency has worked to implement this requirement. However, in the DD waiver program, 27% of files reviewed did not contain all required service details. As a result, a corrective action is being issued in this area.
Develop additional systems and practices to support case managers.	The EW/AC team has designated a team lead within the last year. In addition, the waiver supervisors are working to implement a new mentoring program for new staff along with a binder that all staff will receive with applicable information and checklists relating to the waiver programs they will be working with. SWHHS has also implemented electronic case files to assist case managers in file organization and to allow supervisors to monitor work.
Expand community employment opportunities for people with disabilities, particularly in the area of community-based employment in the CCB and DD programs.	Since 2011, SWHHS has increased the number of people on the DD and CCB waivers earning over \$250 per month. This reflects the work the lead agency has done to bring new employment providers to their area. However, this recommendation is being reissued as the lead agency will have to continue to expand these services to meet the Minnesota's Olmstead Plan benchmark to add 15 more people on the waivers earning higher wages per year.
Work with providers to develop services that support people in their own homes and reduce reliance on residential care.	The lead agency has been successful with acquiring a new provider for in-home services for people accessing the CCB waivers. However, in recent years, the percentage of people receiving services through the DD and EW waivers living in their own home has continued to decline.
Consider using contracted case management services to help serve people that live out of the region and to provide culturally appropriate services.	The lead agency reports that they offer choice of case management services in accordance with person-centered planning but have not had anyone request a contracted agency. Southwest Health and Human Services is currently using

Previous Recommendations	Update on Lead Agency Actions
	contracted case management for a limited number of out of county people receiving CCB waiver services.
Utilize reserves in the CCB and DD budgets to serve more people and provide additional services to people already enrolled in these programs.	Southwest Health and Human Services has reduced its budget reserves in CCB from 18% in 2013 to 7% in FY2016 and at the time of the review, did not have a waitlist for these programs. The DD waiver budget reserves have also reduced in recent years and was at 6% in CY2015, but this program continues to have a waitlist.

During the previous review in 2013, the lead agency received corrective actions for seven areas of non-compliance. Since that time, the lead agency has implemented practices to correct six of the seven areas: (1) Ensure that each person’s case file includes signed documentation that people have been informed of the lead agency’s privacy practices in accordance with HIPAA, (2) ensure that each case file includes signed documentation that people have been informed of their right to appeal on an annual basis, (3) ensure that each working-age person’s case file includes documentation that vocational skills and abilities have been assessed, (4) ensure that case files include a completed CAC Application and Reassessment Support Plan that is signed and dated within the past year, (5) ensure that all people have an individual care plan that is signed and dated by the appropriate parties within the past year included in their case file and (6) ensure that all people have an individual care plan that is current within the past year included in their case file. This demonstrates that Southwest Health and Human Services promptly remediates issues to improve its compliance HCBS program requirements.

Strengths

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

SWHHS is utilizing technology to improve efficiencies. This lead agency utilizes a central electronic case file system consistently across all HCBS waiver programs. This system allows for streamlining of processes and increases the capacity for staff to fill in for a coworker as needed. This will also allow supervisors and case managers to easily access all case file documentation for internal auditing and monitoring. SWHHS also has an agency wide SharePoint site that workers can access where they post updates, bulletins, links to forms, etc.

SWHHS staff continue to have strong relationships with service providers and other community service organizations. Staff have developed close working relationships with providers and are in frequent communication. The case managers in the DD waiver unit have recently starting holding a provider engagement group as well. The group is focused on person-centered practices and meets regularly to discuss issues and work together on program changes. As a result of these meetings, providers have a good understanding of county expectations around person-centered planning and are able to share best practices between different providers and service areas. Reports from surveyed providers show that providers think highly of lead agency staff and their ability to stay current with changes as well as their use of person-centered planning and practices.

SWHHS promotes collaboration amongst HCBS program staff throughout all six counties. At the previous SWHHS lead agency review site visit in 2013, all six counties had been merged into the Joint Powers Organization. Since that time, the lead agency has increased collaboration across all counties and are truly operating as one agency in regards to the HCBS waiver programs. Case managers, assessors, and leadership built strong working relationships with one another and their county colleagues. SWHHS waiver staff meet with their respective waiver team (CCB, DD or EW/AC) on a monthly basis to discuss program updates, case consultation and problem-solving. This allows them to better engage in peer-to-peer knowledge sharing, support training opportunities, and successfully implement major LTSS systems changes. They have also worked to streamline their intake process and have one centralized intake for all adult services and one for children's services. All of this improves the quality of supports people living in these six counties are able to receive.

SWHHS has established strong home based programs for people on CCB waiver programs. The lead agency has higher rates of people served at home than its cohort and the state wide averages in all the CCB waiver programs. In 2015, 72.5% of CCB individuals were served at home while 63.8% of people in the cohort were served at home. SWHHS leadership has been active in reaching out to other counties about providers that do well in supporting people in their own homes, and then contacting providers in those areas to see if they are willing to expand their services. The lead agency has also been successful with recently acquiring a new provider for in-home services for people accessing the CCB waivers. Another way SWHHS case managers support people at home is by frequent visits. In the CCB programs, case managers are visiting people an average of 4 times in 18 months. This allows case managers to routinely monitor the health and safety of the people they are working with. They are then able to make adjustments to their service plan to accommodate any changes in health before a more restrictive setting is required.

SWHHS has improved their provider capacity to deliver higher paying jobs for people on CCB and DD waiver. Since 2011, the lead agency has increased the number of people on the DD waiver who earn over \$250 per month by 6.9% and ranks 25 out of 87 counties for this measure. In addition, the number of people on the CCB waiver earning over \$250 has increased by 7.3%. This reflects the work the lead agency has done to bring new employment providers to their area. Lead agency supervisors have recently worked to obtain a new provider that is able to provide employment services to people that other providers have not been successful in serving.

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 SWHHS and people receiving services.

Develop processes and formats used by staff when utilizing non-enrolled vendors to provide Tier 2 and Tier 3 services. SWHHS needs to update the processes and procedures for using non-enrolled vendors. It is recommended that staff use the current service purchase agreement and log that is found in the CBSM. It is important to establish clear roles for the people managing the process, such as identifying the steps a case manager must follow. Required documents should be saved in a central place that is easily assessable by all staff. A lead agency's willingness to use this process allows people access to services that might not be readily available in a small rural area.

Seek out person-centered training for all staff and work towards becoming a person-centered agency. SWHHS should increase its efforts to seek out person-centered training for all staff, regardless of which population they work with. Formal face-to-face person-centered trainings are available through

DHS's training partner, the Institute on Community Integration, while on-demand trainings are available through the College of Direct Supports and DHS learning communities. Once staff have attended the trainings, they should discuss as a team how they can put the training into action on a daily basis. This may involve changes in their agency practices, changes in how they work with other community partners, and changes in how they draft HCBS support plans. As noted in Figure 1 Person-centered practices assessment results for Lead Agency (LA) and other counties, SWHHS has strong practices in some areas, and weaker practices in areas such as Organizational Design and Processes and Evaluation of Person-Centered Practices.

Work across agency departments and streamline common functions across waiver units to meet the needs of emerging populations and create efficiencies. Since the previous lead agency review in 2013, the lead agency has increased collaboration across all counties to truly operate as one agency. SWHHS should now work to streamline some common functions, such as non-enrolled vendor processes, RMS, etc. in order to create efficiencies in their work. This could be done by identifying subject matter experts, then assigning duties that go across departments. This will decrease duplication among common functions and will allow for increased communication and collaboration. In addition, SWHHS should be more deliberate about working across agency departments such as children's mental health and child protection. Children and transition-aged youth are an emerging population for many lead agencies, as children and families with complex needs turn to counties for help. Many lead agencies have begun to use the CADI waiver to offer children with serious emotional disturbances or other mental health challenges supports beyond traditional Medical Assistance services. This emerging population will require strong relationships with children's mental health and child protection to encourage referrals for struggling families.

Adopt a support plan template to create a document that is meaningful and person-centered for all individuals. During the discovery and assessment process, case managers and assessors should use this as an opportunity to ask people about their dreams, where they want to live and work, and how they want to spend their free time. All of this should be embedded in the support plan and used, in part, to establish meaningful and customized goals. The support plan should also state how those goals will be monitored and by whom to ensure providers are helping each individual realize those goals and dreams. The lead agency is using several different support plan formats, all of which would benefit from enhancements. It is recommended SWHHS use the DHS-6791B whenever possible, as a review of case files indicated that this template is resulting in a more person-centered and useful plan for people and providers. The lead agency should also establish a community of practice with case managers and assessors across all program types to increase their level of expertise with person-centered support planning. This would allow case managers and assessor to learn how to use the template in the best way possible by interacting regularly and building on each other's strengths in support planning.

Work with local vocational providers, schools, and families to increase community-based competitive employment opportunities for people on the DD and CCB waivers. The State's Olmstead Plan establishes benchmarks for all counties to increase the number of people with disabilities earning income through community based competitive employment. SWHHS's benchmark will be to move fifteen people per year into competitive employment. The lead agency has close partnerships with local providers and other stakeholders in the community. It also has a large portion of individuals on the DD and CCB waivers who are under age 22 (15% of the DD waiver program is under age 22 and 19% of CCB waiver program), and more likely to be interested in community-based employment. It is recommended SWHHS continue working with 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.

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 SWHHS will be required to take corrective action. Because some items below were previously issued, the review team recommends SWHHS 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 needs that were identified in the assessment/screening process are documented in the support plan.	Overall 29% of cases did not document all of a person's needs in the support plan. This includes 70% of AC, 43% of EW, 10% of CAC, 28% CADI, 20% of BI and 15% 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. (7 ac, 1 cac, 9 cadi, 2 bi, 15 ew , 6 dd
Service details are included in the support plan (frequency, type, cost, and name).	Overall 9% of cases did not document all of a person's service details in the support plan. This includes 27% of DD cases and 3% of CADI 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). (11 dd, 1 cadi)
A written support plan is completed within required timelines following an assessment or reassessment.	Overall 10% of cases did not have the written support plan provided to the person within required timelines. This includes 10% of AC(1), 3% of EW (1), 10% of CAC (1), 16% of CADI (3) and 20% of BI (2) cases.	MN Statute requires a written 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.
A person's health and safety concerns are documented in their support plan.	Overall 5% of cases did not meet this requirement. This includes 10% of AC(1), and 15% of DD (6) cases reviewed.	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 address his/her assessed needs and ensure his/her health, welfare, and safety.
Complete LTSS MnCHOICES assessments within 20 days of referral	22% of LTSS assessments were not completed within required timelines in FY 2016 (10 out of 27 CCB, 10 out of 61 EW/AC and 1 out of 6 DD cases were not completed within 20 days of request).	MN Statute 256B.0911 requires that assessments be conducted within 20 days of a person's request. Completing assessments within required timelines ensures a person's prompt access to HCBS services.

Required remediation

Findings indicate that some case files do not contain all required documentation. SWHHS 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. This is due to DHS on January 17th, 2017.

- **Case File Compliance Worksheet:** 53 of 137 cases reviewed require remediation.
- **Positive Support Transition Plan Compliance Worksheet.** 66% of cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet.** 13 of 13 claims 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
Documentation that face to face visits with the person has occurred within the required timelines for each program.	94%	98%	100%	100%	100%	94%	100%	98%
The support plan (ISP, CSSP, etc.) was completed in the last year.	97%	96%	100%	100%	100%	100%	100%	88%
The current support plan was signed by all required parties.	96%	96%	100%	100%	100%	100%	100%	88%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	96%	96%	100%	100%	100%	97%	100%	90%
The person's outcomes and goals are documented in the person's support plan.	95%	96%	100%	100%	100%	100%	100%	88%
The needs that were identified in the assessment/screening process are documented in the support plan.	92%	*71%	*30%	*57%	90%	*72%	*80%	*85%
A person's health and safety concerns are documented in their support plan.	96%	95%	90%	100%	100%	100%	100%	*85%
The services a person is receiving are documented in the support plan.	97%	96%	100%	100%	100%	97%	100%	88%
Service details are included in the support plan (frequency, type, cost, and name).	77%	91%	100%	100%	100%	97%	100%	*73%
Information on competitive employment opportunities is provided to people (aged 16 to 64) annually.	96%	98%	N/A	N/A	100%	100%	100%	94%
An emergency back-up plan has been completed within the last year.	89%	100%	100%	100%	100%	100%	100%	100%
Assessment is current.	99%	99%	100%	100%	100%	100%	100%	95%
Supplemental Form for Assessment of Children Under 18 is completed at the time of assessment.	91%	100%	N/A	N/A	100%	N/A	100%	N/A

Required Items	State Total	LA Total	AC	EW	CAC	CADI	BI	DD
Timelines between assessment and support plan have been met.	94%	90%	90%	97%	90%	*84%	80%	N/A
OBRA Level One Screening form is completed.	98%	100%	100%	100%	100%	100%	100%	N/A
A current AC Program Client Disclosure Form is completed annually.	82%	90%	90%	N/A	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet is completed annually.	98%	100%	100%	N/A	N/A	N/A	N/A	N/A
A Release of Information to share private information is signed by the person annually.	97%	99%	100%	100%	100%	100%	100%	95%
Documentation that a person received Right to Appeal information in the last year.	96%	98%	100%	100%	100%	100%	100%	93%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	96%	99%	100%	100%	100%	100%	100%	98%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person. ²	91%	93%	100%	75%	100%	100%	100%	92%
BI Waiver Assessment and Eligibility Determination form is completed annually.	93%	100%	N/A	N/A	N/A	N/A	100%	N/A
CAC Application or Request for Physician Certification of Level of Care is completed annually.	92%	100%	N/A	N/A	100%	N/A	N/A	N/A
DD screening document is signed/dated by all required parties.	92%	95%	N/A	N/A	N/A	N/A	N/A	95%
ICF/DD Level of Care is completed within the last year.	92%	98%	N/A	N/A	N/A	N/A	N/A	98%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	68%	100%	N/A	N/A	N/A	N/A	N/A	100%
Documents are signed correctly when a person has a public guardian.	99%	100%	N/A	N/A	N/A	N/A	N/A	100%

² Starting July 1, 2016, the LTSS Assessment and Program Information and Signature Page form must be completed annually except in the following circumstances: the person is on EW/MCO; the person was not assessed through MnCHOICES; or the person was assessed through MnCHOICES, but prior to July 1, 2016.

Appendix B – Quality indicators dashboard

Scales for case file results dashboard:

- If the lead agency scored between 86% and 100% on an item, there is evidence of a strong business practice in this area.
- If the lead agency scored between 85% and 50% on an item, there may be evidence of an inconsistent practice in this area. The lead agency would be encouraged to develop stronger practices for consistency.
- If the lead agency scored below 50% on an item, there no evidence of a consistent business practice. The lead agency would be encouraged to improve in this area.

Table B1. Quality assessment of support plans, case files, and case notes

Items Reviewed	State Total	Total	AC	EW	CAC	CADI	BI	DD
The person's level of involvement in the planning process is described.	94%	91%	100%	83%	100%	88%	100%	95%
Opportunities for choice in the current environment are described.	86%	85%	100%	83%	70%	84%	80%	88%
The person's current rituals and routines (quality, predictability, and preferences) are described.	87%	78%	90%	77%	60%	75%	70%	85%
Social, leisure, or religious activities the person wants to participate in are described.	90%	89%	100%	91%	90%	84%	90%	88%
Action steps describing what needs to be done to achieve goals or skills are documented.	73%	70%	20%	77%	80%	66%	80%	75%
The person was provided information to make an informed decision about employment.	77%	87%	NA	NA	100%	84%	100%	84%
The person was offered experiences to help them make an informed decision about employment.	64%	77%	NA	NA	100%	70%	100%	76%
A decision about employment has been documented.	87%	92%	NA	NA	100%	91%	100%	89%
The person's preferred work activities are identified.	65%	73%	NA	NA	100%	69%	90%	68%
The person's preferred living setting is identified.	83%	83%	100%	83%	80%	88%	100%	73%
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.	93%	88%	100%	0%	NA	NA	100%	100%
Documentation that the plan was distributed to the individual.	91%	87%	90%	94%	100%	81%	90%	80%

Items Reviewed	State Total	Total	AC	EW	CAC	CADI	BI	DD
Documentation that the plan was distributed to other people involved.	79%	80%	80%	97%	90%	72%	70%	73%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	88%	91%	70%	94%	100%	97%	100%	85%
The support plan identifies who is responsible for monitoring implementation of the plan.	50%	60%	60%	100%	90%	28%	40%	50%
The person's strengths are included in the support plan.	73%	83%	80%	71%	70%	94%	90%	85%
The support plan is written in plain language.	88%	94%	100%	91%	100%	100%	100%	88%
The support plan includes details about what is important to the person.	83%	83%	100%	74%	80%	84%	100%	80%
The support plan includes a global statement about the person's dreams and aspirations.	17%	14%	10%	6%	0%	16%	30%	20%
Natural supports and/or services are included in the support plan.	84%	69%	80%	71%	70%	63%	60%	70%
The support plan includes strategies for solving conflict or disagreement within the process.	13%	36%	40%	51%	20%	25%	20%	38%
The support plan includes a method for the individual to request updates to the plan.	17%	45%	40%	51%	30%	41%	40%	50%
The support plan records the alternative home and community-based services that were considered by the person.	57%	42%	50%	54%	40%	50%	30%	28%
The support plan incorporates other health concerns (e.g. mental, chemical, chronic medical).	90%	91%	80%	97%	100%	94%	90%	83%
The support plan describes goals or skills that are related to the person's preferences.	79%	88%	100%	94%	80%	91%	90%	78%