



Home and Community-Based Services Lead Agency Review

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<https://mn.gov/dhs/hcbs-lead-agency-review/>

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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:

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

The CAC, CADI and BI programs, referred to as the CCB programs, and the DD Waiver program generally serve those 64 years and younger, while the EW and AC programs serve people 65 years 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 reexamine how to best support people receiving services in a person-centered way. Some of these pressures include:

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

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):

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

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

Mixed methods approach

The reviews allow DHS to document compliance, and remediation when necessary, to the Centers for Medicare & 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 when strengths, recommendations or corrective actions are issued, they are supported by multiple sources.

In June 2018, DHS conducted a review of Wilkin County's HCBS programs. Previous HCBS lead agency reviews were conducted in November 2011 and more recently in September 2014.

About the lead agency

People 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. Wilkin County is a rural county located in west-central Minnesota. As of July 1, 2015, Wilkin County's population was approximately 6,396. At the time of review, this lead agency served 322 people through the HCBS waiver programs.

Tables 1 through 3 show a profile of the people served by Wilkin County. Table 1 depicts the percent of people receiving HCBS by program in Wilkin 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 (2017)

Program type or disability type	Wilkin County	Cohort
Disabilities	93.3%	93.1%
Developmental Disabilities	97.9%	92.5%
Elderly	20.0%	55.7%

Table 2: Number of people enrolled in HCBS by program

Program	2013	2017
CAC, CADI, BI waivers	197	224
DD Waiver	45	46
Elderly Waiver, AC Program	59	52

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

Program	Wilkin County	Cohort
CAC, CADI, BI waivers	86.8%	72.2%
DD Waiver	84.4%	82.4%
Elderly Waiver, AC Program	57.7%	50.9%

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

Department management

Wilkin County Family Services is the lead agency for the HCBS programs and provides case management for these programs. The programs are managed by the Family Services and Public Health divisions. Family Services Division is the lead for DD programs. Public Health Division is the lead for EW, CAC, CADI, BI and MCO cases for MEDICA, Blue Plus and UCare SNBC. Wilkin County does not currently serve anyone using the AC program. Wilkin County does not use contracted case management at this time as all cases are managed in house.

Public Health has one supervisor who holds a partial caseload for EW and is a MnCHOICES mentor. There are four additional staff members in this division: two are back-up assessors, and one is a new hire who is completing the training to become an assessor.

There are nine staff members employed by Wilkin County Family Services. There is one staff member who provides case management for all DD and BI cases, as well as some CADI cases. This case manager also completes assessments, does her own data entry in to MMIS and assists another case manager by doing their data entry as well. She is a MnCHOICES and Rate Management System (RMS) mentor. There are three child protection workers, one intake staff member, one children's mental health worker, one community support worker through children's mental health and one adult protection/adult mental health worker in this division. The staff member working in adult protection/adult mental health is also the case manager for four CADI cases. Because each staff member working at Wilkin County is responsible for several different aspects of case management, caseloads vary from four to about 60.

During the focus group, staff expressed one of the challenges in Wilkin County is that they each have to learn many systems: MMIS, RMS, intake, etc. Staff expressed there is less time for them to learn the waiver programs. Staff also mentioned they have great relationships with their coworkers and service providers in Wilkin County. They are encouraged to participate in committees of interest, such as wellness and safety, within the county to help them grow professionally and personally.

Intake, assessment and case assignment

Wilkin County is a very small organization. Because of its size, they do not have a formal intake process. When Public Health receives a call, it is referred to the supervisor. The supervisor will talk to the caller to gather information and share information about assessment, as well as send out a packet of information. The supervisors explained the volume of referrals coming through intake varies significantly from four referrals per week to four referrals per month, and the current intake process works for the variable intake numbers. Once a case is assigned to an assessor, that assessor typically will keep the case for ongoing case management. In Family Services, the calls are directed to the waiver case manager, and she completes the intake and does the assessment.

In Wilkin County, staff members work closely with financial workers. Referrals are sent between departments frequently. All Public Health is in the Wilkin County courthouse. Family Services is in another building about five blocks away. Staff explained they can call financial workers with issues as they are very accessible. Wilkin County does not use case banking. Financial workers are specialized by waivers, GRH, 18 and older, MFIP, Parental Fees or a combination.

Maintaining program knowledge and expertise

As HCBS programs' requirements and expectations change, the lead agency must stay up-to-date to provide seamless services. There are several strategies lead agency staff employs to stay current with program and policy changes, successfully implement those changes and maintain expertise in the HCBS programs.

Staff in Public Health at Wilkin County complete peer audits for each other. There is a spreadsheet kept to assist staff in tracking what cases are due for reassessment, when they are completed, when the peer audit is complete and when revisions are made. This does not currently occur for Family Services.

When policy updates come from DHS, the supervisor for Public Health will review the policy and relay the information to the team. Documents are kept in a binder for staff to refer back to as needed. In Family Services, the staff receives the bulletins or policy updates and interprets the change. Because the lead agency is so small,

staff members frequently discuss bulletins amongst themselves to ensure they all understand the policy or change.

Wilkin County has a multidisciplinary meeting monthly. During this meeting, staff and management from both Public Health and Family Services, as well as other community service providers, meet to review specific cases, manage allocation or discuss other relevant topics to that month. Policy changes are also discussed at this time, as needed.

Feedback on DHS resources

During the Lead Agency Review, lead agency staff members 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"> • Videoconference trainings/Webinars • CBSM/eDocs • County Link 	<ul style="list-style-type: none"> • Policy Quest • MinnesotaHelp.Info • MMIS Help Desk

According to the supervisor interview, they use the Community Based Services Manual (CBSM), eDocs and webinars/videoconferences the most. The resources they felt were the least helpful were PolicyQuest, as it is cumbersome and not user friendly, and MinnesotaHelp.Info, as it isn't updated and the providers listed don't always provide the service that was searched for.

During the case manager and assessor focus group, they discussed that they like the video conferences and webinars the best. They find it helpful to be able to watch and re-watch these trainings as needed. Staff stated they wish the CBSM would tell them if forms were due at intake, annual or at reassessments only. The information in the manual is good, but not specific enough for what they are looking for at times.

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 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 (2017)

	Year-end budget balance	Percent of program need met
Wilkin County	8%	100%
Statewide	6%	98.8%

Table 6: Combined year-end budget balance and percent of program need met for DD (2017)

	Year-end budget balance	Percent of program need met
Wilkin County	14%	100%
Statewide	6%	87.7%

For the CAC, CADI and BI programs, Wilkin County had an 8% balance at the end of fiscal year 2017, which is a higher than the statewide average of 6%.

At the end of calendar year 2017, the DD Waiver budget had a balance of 14%. Wilkin County's DD Waiver balance is higher than its balance in CY 2013 of 1% and higher than the statewide average of 6%.

Wilkin County is encouraged to enroll six people in its DD Waiver program to hit the target of 95% of spending. During the supervisor meetings, this was discussed and Wilkin County explained they have some families that could benefit from services but are not ready or interested in receiving them at this time.

Allocations in Wilkin County are managed as a team. This is discussed at monthly multidisciplinary team meetings, as well as in the smaller division meetings. Wilkin County does not have anyone on a waiting list. Over the past year, Wilkin County has become very deliberate with its spending. If there was a need, the service was usually covered. Due to providers not billing right away, it is difficult to know for sure where the budget allocation is at in real time.

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 what 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	Wilkin County	Other counties
Assessment, discovery, exploration	1.95	2.46
Planning practices	2.63	2.73
Community participation and inclusion	2.45	2.63
Current level of support and services	2.36	2.58
Organizational design and processes	2.21	2.54
Evaluation of person-centered practices	2.33	2.46

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

As Table 7 indicates, Wilkin County performed the strongest in the planning practices domain. This domain measures the involvement of the person in the planning process, the language used in the person’s support plan and the incorporation of planning that is responsive to the person’s wants and desires. The influence on the strong performance was the use of MnCHOICES and updated support plan forms.

Wilkin County performed lowest in the assessment, discovery and exploration domain. This domain measures the identification and achievement of people’s dreams. This includes the use of strategies and tools to help balance what is important to and for the person. It also includes using the person’s input to set service goals and priorities, as well as acting on the desires and dreams of the person. An example is that of all the cases reviewed in Wilkin County, only 12% of them had a global dream statement listed in the support plan.

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 a person planning to move from a restrictive institutional setting (e.g., ICF/DD) tours several community-based settings (e.g., foster care) and tours independent apartments where staffing would come into the person’s own home. It might mean a person living on 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 showed Wilkin County was 100% compliant.

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 did not serve Jensen Settlement Agreement members at the time of the review.

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 when 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 these new rules are being implemented appropriately and plans are reflecting current best practices.

This lead agency does not serve people with PSTPs.

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 lead agencies’ abilities to connect people to opportunities (e.g., employment) and services (e.g., 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: Wilkin County case manager/assessor rankings of local agency relationships

Local agencies	Poor	Average	Good	Not applicable
School districts	0%	25%	0%	75%
Nursing facilities	0%	25%	75%	0%
Hospitals	0%	50%	50%	0%
Primary care clinics	0%	50%	50%	0%
Foster care providers	0%	0%	50%	50%
Customized living facilities	0%	0%	75%	25%
In-home support providers	0%	0%	100%	0%
Center-based day programs	0%	25%	25%	50%
Community-based employment providers	0%	0%	50%	50%
Mental health service providers	25%	25%	50%	0%
Crisis services	0%	25%	75%	0%
Home health agencies	0%	25%	75%	0%

Wilkin County staff shared that while they have a good network of providers, the overall number of providers available is very limited. Providers also have a hard time finding staff in rural areas. It was also discussed that Wilkin County has been unsuccessful in bringing more providers into their area because they cannot guarantee the provider with enough hours for the provider to continue offering services in the area. This has forced some individuals to move to other counties to have their needs met.

Lead agency staff shared they have good relationships with providers in Wilkin County. Adult protection meets quarterly with adult mental health, nursing home staff, hospital social workers, county attorney, sheriff, community support staff and a county commissioner. During this meeting, they discuss any statute changes, people in the community that may need additional assistance and any other topics relevant to the group. The nursing home will send out updates on people receiving services to the case manager every two months. Although this is good information, frequently the case manager is unaware the person was in the nursing home and has been discharged by the time they are aware. There is a mobile mental health crisis unit. Law enforcement personnel are promoting this more as an alternative to bringing individuals to the hospital.

Wilkin County has child protection and preplacement meetings monthly. Customized living providers also meet with case managers monthly to discuss any updates with the people on their caseload. They also discuss any openings and placements. These regular meetings with other agencies allows Wilkin County staff to stay updated on people they serve and services that are or could be available for future needs.

It is the lead agency's responsibility to monitor the ongoing provision of services for efficacy, people's satisfaction and continued eligibility while making adjustments when necessary. Lead agency staff stated case

managers discuss with people on their caseloads their satisfaction with providers at regular meetings. Case managers will contact providers directly if issues arise.

Employment

When people have higher monthly earnings, it indicates community-based employment, and the supportive services sometimes needed to maintain employment, are available. Employment not only provides income for people, but it 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 (FY2017)

	Not earning income	Earns \$250 or less per month	Earns \$251-\$599 per month	Earns \$600 or more per month
Wilkin County	62.2%	3.4%	10.3%	24.1%
Cohort	67.4%	15.4%	9.9%	7.3%
Statewide	74.1%	11.9%	6.7%	7.9%

Table 10: Percent of working age people on the DD waiver with earned income (FY2017)

	Not earning income	Earns \$250 or less per month	Earns \$251-\$599 per month	Earns \$600 or more per month
Wilkin County	25.8%	31.4%	31.4%	11.4%
Cohort	33.7%	38.1%	18.3%	9.9%
Statewide	36.2%	35.9%	15.9%	12.0%

As the tables above show, more individuals in Wilkin County are earning \$251 or more per month than their cohort and the state average. It was discussed that people wanting to work are working. Many are working in the community because there are community employers willing to hire people receiving services.

The day training and habilitation provider (DT&H) in Breckenridge also provides supported employment services and will serve people on CADI and DD waivers, as well as some people on BI Waivers. For people not employed in the community, there are tasks for them to do as well. They have daily routines, such as going to the nursing home to fold laundry, give residents water or mow lawns, as well as clean at the senior center, city hall, county building and restaurants. There are many job opportunities for people.

Wilkin County’s portion of the Employment First Initiative benchmark to increase employment and earnings for people with disabilities is approximately three people per state fiscal year. It was discussed that this will be difficult because currently, those who want and are able to work are working.

Transportation does not seem to be a challenge for most people. There is a bus that runs from 8 a.m. to 4:30 p.m. People can ride the bus for \$1 per way. Wilkin County also authorizes taxi vouchers. Because the county is rather small, many people can walk or ride their bikes to and from work when the weather is nice. The Social

Security system is a significant challenge that people face when making the decision to work or not work. If their benefits “get messed up,” they can lose their medical benefits and funding for community supports. The system is very complicated and takes months to straighten things out. Some people would rather not work than risk going without their benefits for a time.

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 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 (2017)

Program	Wilkin County	Cohort
CAC, CADI, BI waivers	68.4%	63.5%
DD Waiver	37.8%	40.2%
Elderly Waiver, Alternative Care	42.3%	58.6%

As reflected in the data above, the CCB program in Wilkin County has a higher percentage of people receiving services at home compared to their cohort. The DD and EW programs each have a lower percentage of individuals receiving services at home compared to their cohort. Focus group participants reported a high number of people often live in customized living prior to going on EW. This circumstance could have an impact of the percentages above as there is not an opportunity to offer services at home.

Housing is a service gap in Wilkin County for people who required higher level of care. There are subsidized housing options available in the community, and people that want to and are able to live on their own, do. It is the residential placements that are scarce. People are staying home with family members longer as there are no other options for out-of-home placements in Wilkin County.

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 Wilkin 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	This recommendation has not been fully implemented across all waiver programs in Wilkin County. Only care plans completed using the collaborative care plan had service details included. Since service details were often missing from CADI and BI support plans, this recommendation is being reissued as a corrective action.
Develop-in home services	Even though Wilkin County did not implement this recommendation, it is serving more people in the CCB program in their own home than its cohort.
Develop systems to support case managers	Wilkin County has developed training plans for its staff that include participating in DHS webinars and video conferences, as well attending region 4 meetings.
Form a waiver alliance	The lead agency did not implement this recommendation as Wilkin County is able to manage the needs of people served within its allocations.

During the previous review in 2014, the lead agency received corrective actions for one area of non-compliance. Since that time, the lead agency has implemented practices to correct the area. This demonstrates that Wilkin 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 Wilkin County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in its community, Wilkin County continues to create positive results for the people receiving services.

The case files reviewed in Wilkin 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 case files contained current assessments, OBRA Level I documentation, ICF/DD level of care and BI eligibility determination. 100% of EW, CAC, BI and DD cases included signed, current support plans that had outcomes and goals, health and safety concerns documented, as well as plans to mitigate risks that were identified.

Wilkin County is able to serve people with higher needs in the community, avoiding costly and restrictive institutional placements. The lead agency serves a larger percentage of people with higher needs in the CCB program than its cohort (86% versus 72%) and the state wide average (83%), as well as in the DD program (84% versus 80%) and in the EW/AC program (57% versus 50%). Similarly, Wilkin County serves a higher percentage of people using community-based services than institutional care when compared to its cohort (97% versus 92%) for the DD program. This demonstrates that Wilkin County is able to work with a range of HCBS service providers to ensure people’s high medical and behavioral needs can be met safely in the least restrictive environment.

Wilkin County staff collaborates across disciplines and units, and advocate for the people they work with.

Case management and assessor staff members have a wide variety of backgrounds and experiences, as well as a mix of nurses and social workers. They rely on each other's expertise and knowledge when serving the people on their caseloads. Their multidisciplinary teams work closely together to ensure the needs of the people they are serving are being met. Case managers shared they have good relationships with financial workers as they work together to ensure people maintain their eligibility for programs. 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 help 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 Wilkin 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. Wilkin County's benchmark is to move three people per year into competitive integrated employment. Currently, 24% of people in their CCB programs are earning more than \$250, and 42% of people in the DD program are earning \$250 or more per month. There are four people of transition age (between 18 and 22) in the CCB and DD programs who will want to work in the community. It is recommended Wilkin County continue working with providers to develop more opportunities for integrated community employment.

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 support 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 42% of support plans reviewed by the LAR team were missing provider signatures, even though 97% of cases had evidence the plan was shared with others. Wilkin County should build on current processes and procedures to develop a protocol for its staff to use in sharing support plans with providers and obtaining signatures.

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 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 lead agency staff 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 12% of all case files reviewed contained information about a person's dreams or aspiration, 62% included information about a person's strengths and only 65% contained information about a person's current rituals and routines. It is recommended Wilkin County develop practice groups where staff across programs can have training and discussions about how to apply person-centered practices in their daily work.

Corrective action requirements

Corrective actions are issued when it is determined 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 Wilkin County will be required to take corrective action. Because some items below were previously issued, the review team recommends Wilkin 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 needs that were identified in the assessment/screening process are documented in the support plan.	Overall, 32% of cases did not document all of a person’s needs in the support plan. This includes 40% of CADI and 30% 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.
Service details are included in the support plan (frequency, type, cost and name).	Overall, 50% of CADI cases did not document all of a person’s service details in the support plan.	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).
A Release of Information to share private information is signed by the person annually.	Overall, 40% of DD cases did not contain current signed and dated releases of information.	Minnesota statute requires that all individuals receiving HCBS waived services complete, sign and date a release of information annually and that it is included in their case file.

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

Corrective action	Non-compliance	Requirement
<p>Support Plan was developed using person-centered record keeping and documentation.</p>	<p>Overall, 29% of cases did not have a support plan that contained required person-centered record keeping and documentation. This includes 30% of CADI and 30% of DD cases.</p>	<p>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 person to request updates to the plan (5) records the alternative home and community-based services that were considered by the person, and (6) document that the plan was distributed to the person and others involved in their support.</p>
<p>LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person. (DHS-2727)</p>	<p>Overall, 30% of DD cases did not include a signed and dated DHS-2727 form in the file.</p>	<p>Minnesota's federally approved waiver plans require case managers to annually obtain a signed DHS-2727 form at the time of the MnCHOICES assessment.</p>
<p>Support Plan developed using person-centered planning elements.</p>	<p>Overall, 32% of cases did not have a support plan that used person-centered planning elements. It includes 30% of CADI and 50% of DD cases.</p>	<p>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) preferred living setting, (4) preferred work activities, (5) opportunities for choices are described, (6) who is monitoring the support plan, (7) 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.</p>

Required remediation

Findings indicate that some case files do not contain all required documentation. Wilkin 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. DHS has received all remediation documents.

- **Case File Compliance Worksheet:** 31 of 34 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	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.	95%	91%	100%	100%	90%	100%	80%
Current Assessment - LTCC (DHS-3428), DD (DHS-3067) or MnCHOICES Assessment.	99%	100%	100%	100%	100%	100%	100%
DD screening document is signed/dated by all required parties or a MnCHOICES Assessment is completed annually.	94%	100%	N/A	N/A	N/A	N/A	100%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) or MnCHOICES Assessment is completed annually.	94%	100%	N/A	N/A	100%	N/A	N/A
BI Waiver Assessment and Eligibility Determination form (DHS-3471) or MnCHOICES Assessment is completed annually.	94%	100%	N/A	N/A	N/A	100%	N/A
ICF/DD Level of Care (DHS-4147A) or a MnCHOICES Assessment is completed annually.	94%	100%	N/A	N/A	N/A	N/A	100%
OBRA Level One Screening form (DHS-3426) or MnCHOICES Assessment is completed annually.	99%	100%	100%	100%	100%	100%	N/A
ICF/DD Related Conditions Checklist (DHS-3848) is completed annually for a person with a related condition.	71%	N/A	N/A	N/A	N/A	N/A	N/A
Documents are signed correctly when a person has a public guardian.	99%	0%	N/A	N/A	N/A	N/A	0%
A Release of Information to share private information is signed by the person annually.	97%	82%	100%	100%	*80%	100%	*60%
Documentation that a person received Right to Appeal information in the last year.	97%	94%	100%	100%	90%	100%	90%

REQUIRED ITEMS	State total	LA total	EW	CAC	CADI	BI	DD
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	97%	94%	100%	100%	90%	100%	90%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person.	76%	90%	100%	100%	100%	100%	*70%
Timelines between assessment and support plan have been met.	93%	96%	100%	100%	90%	100%	N/A
The support plan (ISP, CSSP, etc.) was completed in the last year.	97%	96%	100%	100%	90%	100%	100%
The current support plan was signed by all required parties.	97%	97%	100%	100%	90%	100%	100%
The person's outcomes and goals are documented in the person's support plan.	96%	97%	100%	100%	90%	100%	100%
The needs that were identified in the assessment/screening process are documented in the support plan.	88%	68%	90%	0%	*60%	33%	*70%
A person's health and safety concerns are documented in their support plan.	96%	97%	100%	100%	90%	100%	100%
Natural supports and/or services are included in the support plan.**	79%	85%	100%	100%	80%	67%	80%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	91%	97%	100%	100%	90%	100%	100%
The services a person is receiving are documented in the support plan.	97%	97%	100%	100%	90%	100%	100%
Service details are included in the support plan (frequency, type, cost, and name).	79%	71%	100%	0%	*50%	33%	80%
An emergency back-up plan has been completed within the last year.	91%	94%	100%	100%	90%	100%	90%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	97%	97%	100%	100%	90%	100%	100%
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.**	80%	100%	N/A	N/A	N/A	100%	N/A

REQUIRED ITEMS	State total	LA total	EW	CAC	CADI	BI	DD
Development of a person-centered plan							
Support Plan Developed using Person Centered Planning elements.	87%	68%	100%	0%	*70%	33%	*50%
The support plan includes details about what is important to the person.	80%	88%	100%	100%	80%	100%	80%
The person's strengths are included in the support plan.	72%	62%	80%	0%	50%	67%	60%
The support plan describes goals or skills that are related to the person's preferences.	77%	71%	100%	100%	70%	67%	40%
The support plan incorporates other health concerns eg; mental, chemical, chronic medical.	91%	85%	100%	100%	70%	100%	80%
The support plan includes a global statement about the person's dreams and aspirations.	15%	12%	0%	0%	20%	0%	20%
The support plan identifies who is responsible for monitoring implementation of the plan.	54%	71%	100%	100%	60%	67%	50%
Action steps describing what needs to be done to achieve goals or skills are documented.	73%	91%	100%	100%	80%	100%	90%
The person's current rituals and routines (quality, predictability, and preferences) are described.	72%	65%	70%	0%	70%	33%	70%
Social, leisure, or religious activities the person wants to participate in are described.	86%	79%	100%	0%	80%	33%	80%
The person's preferred work activities are identified.	63%	95%	N/A	0%	100%	100%	100%
The person's preferred living setting is identified.	82%	97%	100%	100%	100%	100%	90%
Opportunities for choice in the current environment are described.	80%	71%	100%	0%	70%	67%	50%
Support plan record-keeping process							
Support Plan was developed using person centered record keeping and documentation.	74%	71%	80%	100%	*70%	33%	*70%
The support plan is written in plain language.	92%	94%	90%	100%	90%	100%	100%

REQUIRED ITEMS	State total	LA total	EW	CAC	CADI	BI	DD
The support plan records the alternative home and community-based services that were considered by the person.	57%	94%	100%	100%	80%	100%	100%
The support plan includes strategies for solving conflict or disagreement within the process.	37%	97%	100%	100%	90%	100%	100%
The support plan includes a method for the individual to request updates to the plan.	33%	97%	100%	100%	90%	100%	100%
The person's level of involvement in the planning process is described.	89%	82%	100%	100%	80%	67%	70%
Documentation that the plan was distributed to the individual.	86%	85%	90%	100%	90%	33%	90%
Documentation that the plan was distributed to other people involved.	74%	97%	100%	100%	90%	100%	100%
Employment (aged 16-64)**							
Information on competitive employment opportunities is provided to people annually.	98%	95%	N/A	0%	100%	100%	100%
The person was provided information to make an informed decision about employment.	81%	91%	N/A	0%	90%	100%	100%
The person was offered experiences to help them make an informed decision about employment.	67%	93%	N/A	0%	100%	100%	100%
A decision about employment has been documented.	87%	96%	N/A	0%	100%	100%	100%

Green - 100% Compliant, Yellow - < 86% Compliant

N/A - No case files reviewed that reflected particular measure

** Not requiring corrective action planning at this time.

* Corrective Action Planning Required