



Home and Community-Based Services

Lead Agency Review

Report for: **Chisago County**

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Contents

About the HCBS Lead Agency Review process 4

 Overview 4

 Mixed methods approach 4

About the lead agency..... 5

 Persons served 5

 Department management..... 6

 Intake, assessment, and case assignment 6

 Maintaining program knowledge and expertise..... 7

 Feedback on DHS resources 8

 Resource management 8

Person-centered practices and supports..... 9

 Person-centered organizational development 10

 Transition summary 11

 Jensen Settlement Agreement 11

 Positive Support Transition Plans..... 12

Community access and inclusion 12

 Employment 13

 Housing and services 14

 Non-enrolled vendors 15

Results and findings..... 15

 Previous results..... 15

 Strengths..... 16

 Recommendations 17

 Corrective action requirements..... 19

 Required remediation 19

Appendix A – Case file results dashboard..... 20

Appendix B – Quality indicators dashboard 22

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 January 2017, DHS conducted a review of Chisago County's HCBS programs. Previous HCBS lead agency reviews were conducted in 2008 and more recently in January 2014.

About the lead agency

Persons served

Statewide 94% of people receiving long-term services and supports do so with community-based services. HCBS programs provide people with more control over services, which promotes independence and reduces costs over institutional care. Chisago County is a rural county located in eastern Minnesota. As of July 1, 2015, Chisago County's population was approximately 54,293. At the time of review, this lead agency served 587 people through the HCBS waiver programs.

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

Program or Disability Type	Chisago County	Cohort
Disabilities	95%	94.7%
Developmental Disabilities	94.6%	93.6%
Elderly	72.8%	67.6%

Table 2. Number of people enrolled in HCBS by program

Program	2011	2015
CCB	213	206
DD	135	160
EW/AC	256	221

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

Program	Chisago County	Cohort
CCB	78.2%	74.6%
DD	76.3%	81.6%
EW/AC	69.2%	59.4%

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

Chisago County Health and Human Services is the lead agency for the HCBS waiver programs and provides case management for these programs. All the HCBS waiver programs are managed by the Aging & Disabilities Unit. Their offices are located in North Branch Minnesota. At the time of the review, Chisago County did not serve as a contracted care coordinator for any Managed Care Organizations (MCO's). However the lead agency does utilize contracted case management, across all their waiver programs. They contract with three case management agencies; Thomas Allen, Meridian and Pinnacle.

The interim supervisor of Aging and Disabilities unit is responsible for a staff of 17 people. The unit has one staff person who was working out of class as a lead worker and she is a liaison, as assigned, to contracted case management agencies and other community partners. She participates with the contracted services representative in the internal audit process that Chisago County uses with their contracted agencies. There are 10 MnCHOICES assessors and a few of them also carry a case load, There are three staff who manage the DD cases including rule 185 cases and 3 case aides. The case aides complete data entry for MMIS, WMS and RMS. The assessors have a mix of backgrounds and experience such as working in schools, mental health programs, day programs, nursing facilities, and senior linkage line. All the staff working in the Aging and Disabilities unit are also certified assessors.

Intake, assessment, and case assignment

Chisago County has a dedicated intake line for the Aging and Disability Unit. Intakes are taken for all HCBS programs including Medical Assistance (MA) funded PCA, Rule 185 case management and home care services. The intake staff consist of a case aide that completes intake procedures including initial discovery, assessor assignment, scheduling, as well as assessment preparation. Assessment preparation includes sending callers follow up documents such as MA applications or State Medical Review Team (SMRT) applications, resources and program information, data entry to SSIS and MnCHOICES. As well as sending a reminder letter with the date and the name of the assessor that will be completing the assessment.

Assessors currently are completing an average of three assessments each week. Assignment of assessments are made on a rotating basis with few exceptions such as potential high needs medical cases, which are then assigned based on assessor expertise. This intake process has been in place for just over one year and is reported by assessors to be efficient and effective, even though it was difficult to adjust to initially. Additionally, assessors, case managers and case aides report that callers are satisfied with the intake process including the clarity of the steps that take place between intake and assessment.

Chisago County uses contracted case managers for the majority of the individuals who are receiving HCBS waived services. People make decisions about which case management agency they would like to use during the assessment process. The assessor uses a dedicated email box to notify the case management agency that they have been selected to do the case management. Once all the assessment paperwork is completed a case aide will compile all the information and send it to the case management agency. DD cases are assigned to staff by the supervisor although some DD cases may go out to a case management agency. The waiver case managers handle the CAC cases, some CADI and AC cases. A case manager handles EW cases that will be transferred to a MCO or cases where MA eligibility has not yet been determined and helps people who are returning to the community from the nursing facility to set up support.

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. In fiscal year 2017 Chisago County had 91% of LTSS Initial assessments completed on time in AC and 92% in EW while CADI and DD had 88% and 100% respectively. This illustrates the efficiency of their intake and assessment process.

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.

In Chisago County, internal connections among staff across the agency are an important method used by case managers and assessors to stay updated on program requirements. The staff reflect that these relationships are strong and involve frequent and timely communication. For example, financial workers are very supportive and partner with case managers to resolve eligibility issues. Financial workers are considered part of the team working to support people who are receiving services. Case managers also said they have a good working relationship with adult mental health staff, as well as adult and child protection staff. In general case managers view each other as very knowledgeable and as a resource for staying updated on program changes or requirements. Staff share that they are a small agency and they can rely on each other for support, to share resources and provide case consultation.

Staff use additional methods to maintain program knowledge and expertise such as completing online trainings, accessing online DHS manuals, using current forms and attending regional meetings. Supervisors discuss bulletins, policy changes and provide case consultation at weekly staff meetings. Chisago County has an agreement with Hazelden which allows them to send workers to some specialized trainings given by their staff. Staff are also encouraged to attend the MSSA conference and other trainings to stay current.

The Chisago County supervisor works with the supervisors from the contracted case management agencies to ensure staff are current both program requirements and lead agency policies. The supervisor will invite the contracted case managers to trainings and share bulletin's or other useful information about programs with them. The contracted case managers are invited to quarterly case manager meetings where policy changes and updates are discussed as well as case consultation. The audit team is led by the contract services representative under the guidance of the supervisor conduct annual internal audits of the contracted case management agencies. They pull a sample of cases to be reviewed and use a checklist of required items. The results of the most recent audit found that only minimum corrections were needed.

Provider survey respondents report that lead agency staff have adapted well to recent program changes and had the capacity to remain current with program changes overall. In particular, providers responding to the survey rated Chisago County staff highly on implementing the changes associated with person-centered planning (59%), 245D HCBS licensing changes (64%), and positive supports

(55%). It should be noted that only 5% of survey respondents identified MnCHOICES implementation as a challenge.

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"> • Community Based Services Manual • E-Docs • MinnesotaHelp.Info 	<ul style="list-style-type: none"> • Bulletins • DB 101.org • PCA Consumer Information

Case manager and assessor survey respondents rated eDocs highly, reporting that eDocs is easy to navigate and is frequently used to locate the most updated documents and forms. Respondents also said that MinnesotaHelp.info is user friendly, provides a quick resource for finding information and the resources that people need. Both staff and supervisors agree that the Community Based Services Manual is used regularly by everyone and is a good source of information about waiver policy and regulations. PolicyQuest is another resource staff use to find information. While searches may not always be successful they may learn things they did not know when searching for answers to their questions. Some staff said that the bulletins are not always useful or easy to understand and may not be relevant to their work. Staff have not used of some of the resources such as DB101 but they do share it with individuals and their families.

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
Chisago County	8%	100%
Statewide	5%	100%

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
Chisago County	16%	94.2%
Statewide	7%	89.9%

For the CAC, CADI and BI programs, Chisago County's budget balance has ranged from 11% to 8% in recent years with a balance of 8% at the end of fiscal year 2016. Their balance is higher than the state wide average of 5%. Chisago County does not have a wait list in CCB programs at this time. The lead agency received 12 allocations this year and has used 8 of the allocations to add new people to the CCB waiver programs.

At the end of calendar year 2015 the DD waiver budget had a balance of 16%. Chisago County DD waiver balance has ranged from 19% to 16% in recent years which is higher than the statewide average of 7%. At the time of the review, there was a waitlist of 5 people. DHS shared with the lead agency that December 2016 projections indicate Chisago County is able to add 7 people to reach the 95% of their allocation, and in 2017 they were given 26 new allocations.

Oversight of the CCB and DD allocations is managed by the waiver management coordinator and the waiver review committee. The review committee is made up of staff working in the CCB and DD waiver programs as well as the lead worker and supervisor. Case managers submit a request to a designated email box, to increase or decrease spending or to add a person to the CCB or DD waiver. All requests are reviewed by the waiver review committee at their Friday morning meeting. The review committee will review all requests to see if they are appropriate or if the person could be better served by a different state program. The case aide will do the simulations in WMS and the waiver coordinator will work with staff at DHS as needed to increase allocations.

RMS data entry handled by the case aides, they also enter service agreements and screening documents in to MMIS. The case managers are assigned a primary case aide who completes their work. The case aide completes the RMS process and shares the information with the case manager. She completes the service agreement, submits it to the designated email box and the case aide will complete the data entry. The case managers who work for a contracted case management agency also submit their requests to the designated email box for data entry. The lead worker is the RMS mentor and she meets weekly with the case aides to work on the issues identified by the compliance reports.

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.

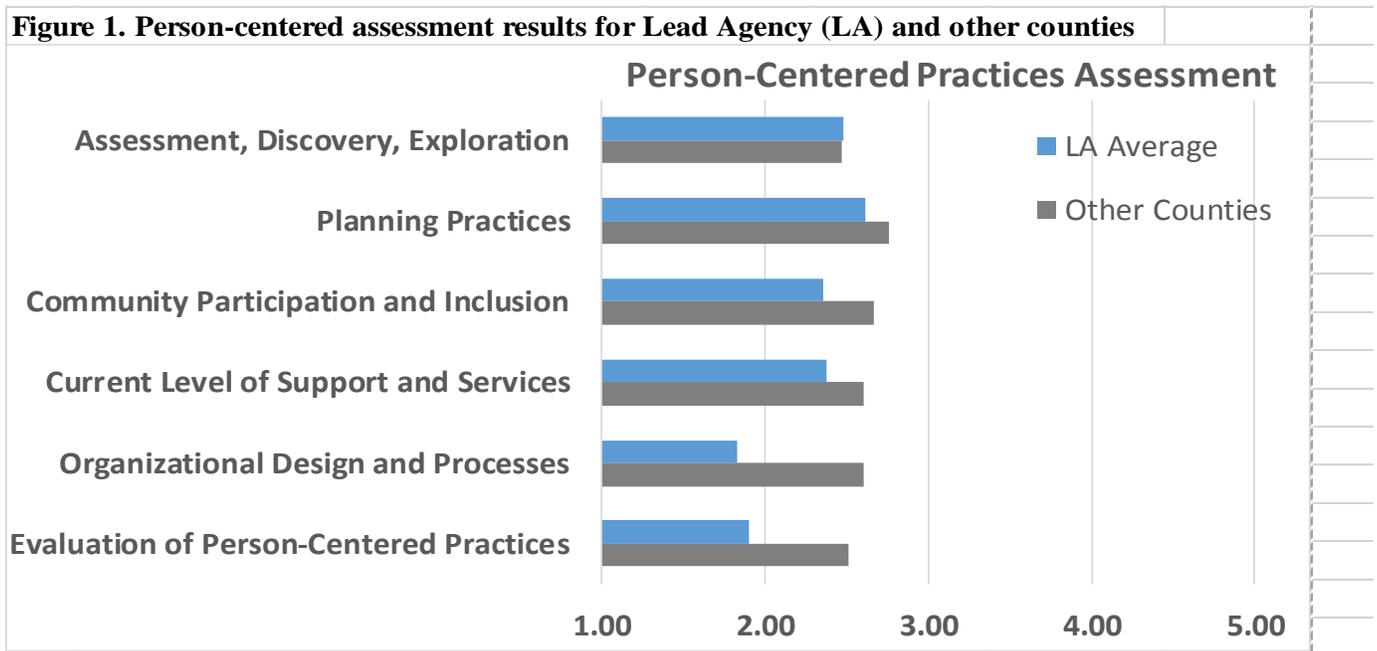
Minnesota's [Olmstead Plan](#) is the road map for moving us to realize this vision. Person-centered practices are the cornerstone of the Olmstead Plan and, if adopted and practiced across our system, will result in people being able to make informed choices for themselves and having a higher quality 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 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	Chisago County	Other Counties
Assessment, Discovery, Exploration	2.48	2.47
Planning Practices	2.61	2.76
Community Participation and Inclusion	2.35	2.67
Current Level of Support and Services	2.38	2.61
Organizational Design and Processes	1.83	2.61
Evaluation of Person Centered Practices	1.90	2.51

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

As table 6 indicates Planning Practices and Assessment, Discovery, Exploration is Chisago County's strongest area of performance. One reason for that is the lead agency completes MnCHOICES assessments for people on HCBS programs and uses the Coordinated Services and Support Plan (CSP/CSSP) for individuals on a HCBS waiver program. The MnCHOICES assessment allows lead agencies to assess a person's needs and determine program eligibility while incorporating information about their preferences and quality of life. This results in the development of a CSP/CSSP that includes details about what is important to the person and what is important for the person.

The results of the case manager and assessor survey as well as discussions in the focus group indicate that most staff have participated in person-centered practices training and thought it was great. They attended the two day Person-Centered Thinking training offered by the University of Minnesota's Institute on Community Integration. They also said they are expected to incorporate person centered practices in their work. Although only 45% of respondents to the provider survey reported that support plans include what is important *to* the person, the review team found evidence of important *to* in 96% of the support plans reviewed.

With the ongoing implementation of the Person-centered, Informed Choice, and Transitions Protocol issued by DHS earlier this year, additional information about the person's preferences and choices offered need to be incorporated into support plans. For example, 50% percent of case manager and assessor survey respondents indicated that they included the person's dreams and wishes for the future in the support plan, but a review of case files showed only 15% of support plans included a global statement about the person's dreams. A persons dreams often reflect what motivates and inspires them, which helps create improved outcomes for the individual. If a person's dreams, preferred work, and preferred living setting are outlined in their support plan, services can be tailored to meet those aspirations. These findings represent 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 did serve individuals who required a transition summary during the time period under review. The summary of the case file review results showed that some required My Move plans were not present in the case files. However some guardians decided not to use the My Move Plan with the case manager and others completed the move without notifying the case manager. These findings show a need for improved communication with those receiving services who experience a transition.

Jensen Settlement Agreement

The [Jensen Settlement Agreement](#) is the result of a lawsuit filed against the DHS, which is prompting significant improvements to the care and treatment of people with developmental and other disabilities

in the state of Minnesota. People who were a part of this class action settlement are entitled to additional services and supports from DHS and lead agencies to assist them in successfully transitioning into the community setting of their choice.

This lead agency serves Jensen Settlement Agreement members. One element of the review process involving Jensen members is a review of their separate person-centered support plan. The summary of the case file review results showed that each of the Settlement Agreement members had a person-centered plan.

Positive Support Transition Plans

In accordance with the Jensen Settlement Agreement, DHS was required to modernize “Rule 40” to reflect current best practices, including the use of positive and social behavioral supports. New rules and laws governing positive support strategies have been put into place. In extreme situations where a person’s behavior poses an immediate risk of physical harm to themselves or others, a Positive Support Transition Plan (PSTP) is required. The person and their team, including providers and the lead agency case manager, design a PSTP that incorporates positive support strategies into a person’s life to eliminate the use of aversive procedures, to avoid the emergency use of manual restraint, and to prevent the person from doing physical harm. It is important for these plans to be monitored to ensure that these new rules are being implemented appropriately and plans are reflecting current best practices. This lead agency did not service people with PSTPs at the time of the review.

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: Chisago County case manager/assessor rankings of local agency relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts	0%	25%	63%	6%
Nursing facilities	0%	25%	44%	25%
Hospitals	0%	6%	75%	13%
Primary care clinics	0%	19%	69%	6%
Foster care providers	0%	44%	44%	0%
Customized living facilities	0%	38%	44%	13%
In-home support providers	0%	19%	69%	6%

Local Agencies	Poor	Average	Good	Not applicable
Center-based day programs	0%	31%	50%	13%
Community-based employment providers	0%	13%	69%	13%
Mental health service providers	0%	31%	63%	0
Crisis services	0%	25%	50%	19%
Home health agencies	0%	38%	44%	6%

Lead agency staff shared that while they have a good network of providers in Chisago County, the overall number of providers available maybe limited. Providers have a difficult time finding and keeping staff. School districts are also experiencing staff turnover which makes it difficult for case managers and the schools to have good relationships. Lead agency staff have been meeting with the schools to let them know about the resources they can provide to families in an attempt to strengthen their relationships. The respondents to the provider survey indicate that behavior programming, crisis services and transportation are local areas of unmet need. Transportation can be difficult for people to use because the local bus system doesn't travel outside of county lines and has a limited schedule.

Lead agency staff said they have good relationships with providers in Chisago County because of good communication. The staff in the focus group shared that they have good relationships with residential providers. There is good communication with the staff and they are good at sending reports about the individuals they serve in a timely manner to case managers. Nursing facilities, ICF/DD's as well as the customized living providers are willing to share information with case managers, especially when a person's needs change.

The Lead Agency Review process also includes surveying the providers about their relationship with lead agency staff. Providers report they have a positive relationship with Chisago County with 90% of those surveyed confirming that the lead agency responds in a timely manner and is responsive to a person's changing needs. The respondents also said lead agency case managers are willing to answer questions and quickly work on service agreements.

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. In general provider monitoring in Chisago County is done in an informal manner in which case managers visit with people and assess their satisfaction with their services and providers. If there is a complaint, staff will follow up with the provider to find ways to improve services and ensure that people's needs are being met. Respondents to the provider survey indicated case managers regularly schedule and attend meetings with individuals at their residence or work sites. Some case managers also do impromptu visits to providers to ensure people are receiving quality services.

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
Chisago County	70.8%	12.5%	11.3%	5.4%
Cohort	67.7%	14.3%	10.1%	7.9%
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
Chisago County	43.6%	29.3%	15.8%	11.3%
Cohort	28.9%	43.5%	17.1%	10.5%
Statewide	34.3%	41.7%	15.8%	8.2%

Chisago County is ranked 52 out of 87 counties in the percent of people on CCB waivers earning more than \$250 a month with 16.7% which is lower than their cohort (18%). For people on the DD waiver, Chisago County is ranked 45 out of 87 counties in the percent of people earning more than \$250 a month (27% of those served) which is the same as their cohort. The respondents to the case manager and assessor survey indicated that about fifty percent of people who are working currently have the type of work they want. However lack of transportation and limited community employment opportunities makes it difficult for people to find work in the setting they want.

Staff stated that the lack of employment providers and community employment opportunities limits a person's ability to find work that fits their individual interests. Staff also stated that the limitations of their current transportation systems inhibits people's ability to access employment. The current supportive employment providers do not provide transportation to job sites. They also said that the local bus system doesn't go outside the county borders and there is a lack of volunteer drivers. A person may be able to find work but will not have the transportation to get there.

Chisago County's portion of the Minnesota Olmstead Plan's benchmark to increase employment and earnings for people with disabilities is approximately 5 people per state fiscal year. They will do this by continuing to work with the local employment and transportation providers

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	Chisago County	Cohort
CCB	58.3%	57.9%
DD	58.1%	39.2%
EW/AC	61.1%	49.3%

As reflected in the data above, Chisago County has a higher percentage of people served at home than in costly institutional settings across all waiver programs compared to their cohort in 2015. For the DD programs, the lead agency is ranked 3rd out of 87 counties in the number of persons served at home. In the Elderly programs the lead agency ranks 34th and they rank 48th in the CCB programs in serving people at home and are slightly under the state wide averages of 62% and 61% respectively.

Chisago County is a higher user of some waiver services that are instrumental in keeping people in their own home such as Consumer Directed Community Supports (21% versus 11% in the DD program), personal care services (29% versus 19% in the CADI program) and respite services (13% vs 11% in the DD program) then their cohorts. This lead agency also serves more children in its programs (12% in the CCB program and 15% in the DD program) than its cohorts and has 38 people of transition age who are being served at home.

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. A review of claims data for the past 12 months did not show any utilization of Tier 2 services by Chisago County. Allowing pass-through billing for these types of services gives people improved access to their community.

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 Chisago 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	Update on Lead Agency Actions
Include details about the persons services in the support plan such as service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost)	Chisago County staff and their contracted case management agencies use the MnCHOICES CSP/CSSP for all of their cases.
Use DD/CCB WMS budget reserves to add more people to the programs and provide additional services to people who are already enrolled in the programs.	Chisago County uses a waiver coordinator and a waiver review committee to manage their allocations.
Expand use of contracted case management and provide better support to contracted case management agencies.	Chisago County has assigned a lead worker to work with the contracted case management agencies as well as having a dedicated email box for agency staff to use to request service agreement updates.
Continue to expand community employment opportunities for people on the CCB waiver programs	Chisago County has been working on this recommendation but their time and resources have been limited.
Create/expand use of visit sheets to document provider performance and gather feedback from people receiving services.	Chisago has not implemented this recommendation.

During the previous review in 2014, the lead agency received corrective actions for 10 areas of non-compliance. Since that time, the lead agency has implemented practices to correct all of the areas. This demonstrates that Chisago 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 Chisago County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in its community, Chisago County continues to create positive results for the people receiving services.

Chisago County has been especially proactive in their use of MnCHOICES. The lead agency has cultivated a strong team of assessors to complete all initial assessments and reassessments for everyone receiving contracted case management. The team has a variety of back grounds and experience which allows them to draw on each other’s perspectives and expertise when doing service planning. In addition, Chisago County has redesigned their central intake system. Intake staff schedule the initial and reassessments to staff on a rotating basis which allows assessments to be completed in a timely manner and will ensure equal and expedient access to all people requesting and receiving HCBS services.

Chisago County is utilizing technology to improve efficiencies. This lead agency utilizes a central electronic case file system consistently across all HCBS waiver programs which supports their ability to stay compliant with program requirements. Chisago County has designated email boxes for staff to use including contracted case managers which allows case aides to prioritize the work and ensures efficiency. This system allows for streamlining of processes and increases staff capacity. This lead

agency has also developed communication tools that are used assessors to share information with contracted case managers when transferring cases.

Chisago County is able to serve people across waiver program in their own homes, avoiding costly and restrictive residential and institutional placements. The lead agency serves more people at home than its cohort across all programs (58% versus 57% in CCB, 61% versus 49% in EW/AC and 58.1% versus 39% in DD). The lead agency is ranked 3rd of 87 counties in the DD Program. Service utilization data for DD shows that Chisago County uses more services designed to keep people living safely at home than its cohort, including CDCS (21% versus 11%), PCA (13% versus 7%) and respite (8.9% versus 2.6%). This demonstrates that Chisago County works with a range of HCBS service providers who ensure that people's high medical and behavioral needs can be met safely in the least restrictive environment. As their waiver populations transition (currently have 38 people of transition age being served through the waiver programs) from childhood into adult services this capacity will become increasingly important to assure people are able to be served in their own home.

The case files reviewed in Chisago 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 the case files included current support plans that were signed by all required parties, documentation of health and safety concerns, information about competitive employment and documentation that person received information on their right to appeal and Notice of Privacy Practices. Program specific information was also found to be 100% in compliance such as the BI Wavier and Assessment Eligibility Determination, the CAC Physician Certification of Level of Care and the OBRA Level One.

Chisago County HCBS staff support one another, collaborate across disciplines and units, and advocate for the people they work with. Case manager and assessor survey respondents overwhelming reported their relationship with financial workers, intake and adult mental health as strong. Lead agency staff foster these positive relationships by participating in meetings across units; for example financial workers attends meetings with assessors and case managers and are considered a reliable resource. Contracted case managers have a similar relationship with financial workers because financial worker contact information is routinely shared during the transfer of cases. The staff are also in close collaboration with adult and children's mental health staff to help coordinate services for people that meet their individual wants and needs. These strong working relationships and practices enhance the services people are receiving and helps them navigate services. They also allow staff to be creative in their problem solving efforts while leaning on each other for support.

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 Chisago 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 issued due to the increasing importance on providing employment

opportunities for persons with disabilities to fully engage in their communities. The State's Olmstead Plan establishes benchmarks for all counties to increase the number of people with disabilities earning income through community-based employment. Chisago County's benchmark will be moving five people per year to community-based employment. For the CCB program, Chisago County ranks 52nd with 16.7% of the individuals earning more than \$250 a month as of December 2015. In the DD program they rank 45th with 27% of the people earning more than \$250 a month. It is recommended Chisago County continue to work with its assessors and contracted case management agencies to support people in finding community employment. As well as strengthen its partnerships with providers and local business as a way to develop community-based employment opportunities and reduce their reliance on center-based employment.

Continue efforts to make support plans person-centered by adding critical content to each support plan. The support plan is the one document that all people receive, and it should include personalized and detailed information about their plan of care. In accordance with the Person-Centered Thinking training that lead agency staff have received, people should be asked about their aspirations, where they want to live, what type of work they want to do, and how they want to spend their free time. Only 15% of all case files reviewed contained information about a person's dreams or aspirations. Conversely, 84% of all files included information on people's preferred social or leisure activities and 75% identified their preferred living setting. With additional efforts towards redefining what it means to provide person-centered services, this lead agency can see significant growth in this area. One such effort should include developing practice groups where staff and contracted case managers can have training and discussions about how to apply person-centered practices in their daily work. Also develop processes between assessors and case managers to allow for a person centered approach to transferring cases between staff. It is recommended that the lead agency continue to seek out person-centered training for all their staff and work towards becoming a person-centered agency.

Continue efforts to use contracted case management and strengthen Chisago County's capacity to support contracted case managers. Set clear expectations in the contract for frequency of communication and contact between assessors and case managers. Add requirements that include staff participation in person centered trainings and using that knowledge to develop support plans which provide services and supports in a person centered way. Put practices and processes in place to ensure that cases are seamlessly transferred to the contracted case manager. Allow contracted case managers to have access to SSIS. Assign a dedicated staff person to provide oversight and management of the daily work to assure the contract requirements are met. Continue to include contracted case managers in the lead agencies staff meetings and trainings to build strong relationships between assessors and case managers.

Provide additional supports for assessors, and case managers including contracted case managers. LTSS programs in Minnesota have undergone a significant number of major changes in recent years and staff in many counties are struggling to keep up. Administering the waiver programs and completing MnCHOICES assessments across all programs has become more complicated. Some lead agencies have worked to increase program specialization so that staff can become subject matter experts who other staff can rely on for help. Provide additional training and supports while formalizing the on-boarding process for newly hired HCBS staff. Taking the time to develop formal training

materials and/or establish a mentoring program can help ensure that knowledge is promptly and properly passed on to new staff.

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 Chisago County will be required to take corrective action.

Table 13. Lead agency corrective actions

Corrective Action	Non-compliance	Requirement
Document all of a person’s needs that were identified in the assessment in the support plan.	12% of all cases did not contain the identified needs in the support plan (22% of CADI, 20% of AC, and 5% of DD cases)	MN Statute requires that a support plan documents all of a person’s needs that were identified in the assessment. Services are to be developed and delivered to meet all of a person’s needs.
AC Program Client Disclosure Form (DHS-3548) was missing from AC files.	30% of all AC cases were missing the AC disclosure form.	MN Statue requires that an AC Program Client Disclosure Form is completed annually for each person on the AC program.

Required remediation

Findings indicate that some case files do not contain all required documentation. Chisago 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. This was received by DHS on March 21, 2017.

- **Case File Compliance Worksheet:** 25 of 68 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** none of the cases reviewed require remediation.

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

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%	96%	100%	100%	100%	96%	100%	89%
The support plan (ISP, CSSP, etc.) was completed in the last year.	97%	100%	100%	100%	100%	100%	100%	100%
The current support plan was signed by all required parties.	96%	100%	100%	100%	100%	100%	100%	100%
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	96%	100%	100%	100%	100%	100%	100%	100%
The person’s outcomes and goals are documented in the person’s support plan.	95%	94%	90%	100%	100%	91%	75%	100%
The needs that were identified in the assessment/screening process are documented in the support plan.	92%	88%	80%	100%	100%	*78%	100%	95%
A person’s health and safety concerns are documented in their support plan.	96%	100%	100%	100%	100%	100%	100%	100%
The services a person is receiving are documented in the support plan.	97%	99%	100%	100%	100%	100%	75%	100%
Service details are included in the support plan (frequency, type, cost, and name).	77%	91%	100%	100%	100%	91%	75%	*84%
Information on competitive employment opportunities is provided to people (aged 16 to 64) annually.	96%	100%	N/A	N/A	100%	100%	100%	100%
An emergency back-up plan has been completed within the last year.	89%	97%	100%	100%	100%	100%	75%	95%
Assessment is current.	99%	100%	100%	100%	100%	100%	100%	100%
Supplemental Form for Assessment of Children Under 18 is completed at the time of assessment.	91%	100%	N/A	N/A	100%	100%	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%	92%	90%	100%	100%	91%	75%	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%	70%	*70%	N/A	N/A	N/A	N/A	N/A
A current AC Program Eligibility Worksheet is completed annually.	98%	80%	80%	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%	98%	100%	100%	100%	100%	75%	100%
Documentation that a person received Right to Appeal information in the last year.	96%	100%	100%	100%	100%	100%	100%	100%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	96%	100%	100%	100%	100%	100%	100%	100%
LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person. ^{1F²}	91%	74%	100%	100%	75%	44%	100%	67%
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%	100%	N/A	N/A	N/A	N/A	N/A	100%
ICF/DD Level of Care is completed within the last year.	92%	95%	N/A	N/A	N/A	N/A	N/A	95%
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%	84%	100%	100%	78%	83%	75%	79%
Opportunities for choice in the current environment are described.	86%	81%	100%	33%	89%	83%	100%	68%
The person's current rituals and routines (quality, predictability, and preferences) are described.	87%	69%	70%	33%	78%	74%	100%	58%
Social, leisure, or religious activities the person wants to participate in are described.	90%	84%	70%	33%	100%	83%	100%	89%
Action steps describing what needs to be done to achieve goals or skills are documented.	73%	74%	70%	33%	89%	70%	75%	79%
The person was provided information to make an informed decision about employment.	77%	82%	N/A	N/A	67%	80%	100%	83%
The person was offered experiences to help them make an informed decision about employment.	64%	62%	N/A	N/A	0%	65%	50%	70%
A decision about employment has been documented.	87%	87%	N/A	N/A	67%	80%	100%	100%
The person's preferred work activities are identified.	65%	68%	N/A	N/A	33%	70%	67%	75%
The person's preferred living setting is identified.	83%	75%	80%	100%	89%	74%	75%	63%
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%	50%	N/A	N/A	N/A	N/A	N/A	50%
Documentation that the plan was distributed to the individual.	91%	78%	90%	100%	56%	83%	75%	74%

Items Reviewed	State Total	Total	AC	EW	CAC	CADI	BI	DD
Documentation that the plan was distributed to other people involved.	79%	68%	90%	100%	56%	65%	75%	58%
Risks are identified in the support plan, and it includes a plan to reduce any risks.	88%	93%	100%	100%	100%	91%	100%	84%
The support plan identifies who is responsible for monitoring implementation of the plan.	50%	51%	40%	67%	100%	43%	25%	47%
The person's strengths are included in the support plan.	73%	90%	90%	67%	100%	96%	100%	79%
The support plan is written in plain language.	88%	100%	100%	100%	100%	100%	100%	100%
The support plan includes details about what is important to the person.	83%	96%	100%	100%	100%	96%	100%	89%
The support plan includes a global statement about the person's dreams and aspirations.	17%	15%	20%	33%	11%	17%	25%	5%
Natural supports and/or services are included in the support plan.	84%	93%	90%	100%	89%	91%	100%	95%
The support plan includes strategies for solving conflict or disagreement within the process.	13%	63%	50%	100%	100%	70%	0%	53%
The support plan includes a method for the individual to request updates to the plan.	17%	54%	50%	67%	89%	52%	25%	47%
The support plan records the alternative home and community-based services that were considered by the person.	57%	62%	60%	100%	56%	74%	50%	47%
The support plan incorporates other health concerns (e.g. mental, chemical, chronic medical).	90%	97%	90%	100%	100%	96%	100%	100%
The support plan describes goals or skills that are related to the person's preferences.	79%	81%	70%	100%	100%	78%	50%	84%