In January 2016, the Minnesota Department of Human Services (DHS) conducted a site visit to Hennepin County to evaluate its Home and Community Based Service (HCBS) programs for the Lead Agency Review. This review examines how HCBS waivers are being used to meet the needs of community members, monitors compliance with federal and state requirements, and promotes collaboration between lead agencies and DHS.

The review process identified areas of non-compliance, which has required this lead agency to implement changes for remediation. The lead agency’s response must address all corrective actions identified in the report, and may address the recommendations outlined in the report. Reports can be found on the DHS HCBS lead agency review website.

For accessible formats of this publication or assistance with additional equal access to human services, write to dhs.leadagencyreviewteam@state.mn.us, call 800-327-3529, or use your preferred relay service.
Complete LTSS MnCHOICES assessments within 20 days of referral.
MN Statute 256B.0911 requires that assessments be conducted within 20 days of the request. For people who newly opened to a waiver program in Calendar year 2015, 71% of cases were not assessed within this time frame. This includes 386 of 465 (17%) for CCB, 208 of 301 (31%) for EW/AC and 70 of 164 (57%) for DD. Completing assessments and eligibility determinations within 20 days helps ensure prompt access to those needing services. As a past corrective action, this continues to pose challenges for Hennepin County.

Hennepin County Response
It is very important that we respond and complete assessment to initial referrals within 20 days. We are working towards responding to initial assessments within 20 days of referral. We have hired and trained 15 additional assessors in 2015. We have hired 8 case management assistants in spring 2016 and have plans to hire an additional 18 assessors in fall of 2016. We have a work project to transform our workflow from one of managing a waitlist to one where we are managing our response in 20 days. We have another work project to transition the follow-up and set-up work after the assessment to case management assistant, which will allow assessors to focus a little more on assessments and development of a meaningful and person centered plan. The additional hires from 2015 were hired to address both an overall shortage in initial assessors and to assist with the anticipated additional workload with MnCHOICES assessment. We underestimated the number of additional assessors we would need to complete MnCHOICES assessment and initial plan; this should be corrected with the hiring of assessors in 2016.

DHS auditors provided us with contact person at DHS regarding the data for this critical result. They were unable to inform us of the data elements that informed the percentages, but will be able to provide us a quarterly report. We would still like to know how the percentage is calculated.

Include details about the person’s services in the support plan.
For each service in an individual’s support plan, the following information must be included per MN Statute 256B.0915 and MN Statute 256B.092: service provider name, service type, service frequency and service cost (unit amount, monthly cost, and annual cost). Overall, 37% of cases reviewed across all programs did not contain all of the required service information. This includes: 61 of 108 DD, 18 of 78 AC, 32 of 93 EW, 8 of 53 BI, 48 of 98 CADI, and 2 of 30 CAC cases. This information is the minimum required to ensure people are informed about the services they will be receiving.

Hennepin County Response
From the Waiver Review process the county does now understand that a copy of the CSSP or the county’s Universal Service Authorization (USA) must be provided to each individual as part of their support plan. We understand that this must be documented in the case record. This has
been communicated to all staff and will be part of required annual training. Additionally, it will be a focus on case auditing done by supervisors and planners.

**Conduct face to face visits in accordance with program requirements.**
Minnesota's federally approved DD waiver plan requires case managers have at least two face to face contacts with each person within the year, and Minnesota Rule 9525.0024 further requires the case manager conduct a monitoring visit on at least a semiannual basis. Overall, 25.9% of the individuals reviewed in the DD program were not visited within the required timeframes. This includes: 28 of 108 DD cases. Face to face visits provide case managers with an opportunity to build relationships and monitor each person’s health and safety. As a past corrective action, this continues to pose challenges for Hennepin County.

**Hennepin County Response**
The county understands that the minimum of semi-annual visits must be achieved on all cases. This requirement is well understood by all case managers and supervisors, so the focus is not on training. The county will focus on providing advance information to all case managers and supervisors on when 6-month visits are due and on oversight through individual supervision and case audits.

**Ensure that each person’s support plan includes outcomes and goals.**
Minnesota’s statute, rule, and federally-approved waiver plans require the case manager to develop, along with the person, a support plan that contains specific information about the person including health and safety risks, assessed needs, preferred services, and goals. Overall, 20.4% of EW support plans reviewed did not contain outcomes or goals. Nineteen of ninety three EW case files did not include a support plan drafted by the case manager with goals for the person. The support plan should be a customized document written for the person that outlines the person’s goals and how waiver service providers will help the person accomplish those goals.

**Hennepin County Response**
The assessor or case manager completing the community support plan will do the following:
1. For those individuals living in community settings other than customized living the person will receive a CSP/CSSP document that is provided when services have been identified and arranged.
2. For those individuals accessing EW customized living services Hennepin County will follow the directions as outlined in DHS Bulletin #14-25-06 (pages 16 and 17):

“… The CL Tool is designed to:
- Use documented needs (assessment data in the Screening Document Input worksheet) as the basis of CSP and CSSP development.
- In order to use the EW Customized Living Workbook as the CSP, all of the CL Tool must be completed:
  - The case manager/care coordinator also completes the EW Services Authorized worksheet which provides a computation of all services included in the participant’s CSP in addition to customized living services.
  - The CSP worksheet is printed in combination with the CL Plan. All other informal and/or quasi-formal supports must be included on the ‘Participant CL Plan’ worksheet and signatures must be obtained. The participant receives a copy of the two worksheets.
• Delineate the customized living component services and the amount of each to be provided to a specific EW participant.
• Describe participant preferences and needs to be met through the customized living plan.
• Generate a personalized rate within each participant’s allowable service rate limit (based on their case mix classification) that is based on the component services and units of service included in the participant’s customized living plan.
• This rate is to be entered into MMIS or other payment system for the participant’s service agreement.
• A copy of the Rate Guide is printed and provided to the participant and the provider. The rate authorized in MMIS or the managed care organization’s payment system should match the amount on the Rate Guide.

The supervisors will review case files records to determine if the assessor and or case manager is in compliance with these expectations. Client Goals will be documented in the “Printed Note” section of the EWCL work book. The client and provider will receive a copy of these goals.

Include a back-up plan in the support plan for all people receiving HCBS waiver services.
Minnesota’s federally approved waiver plans require case managers develop emergency back-up plans to address unexpected events. Overall, 37% of DD cases reviewed did not contain this information. This includes: 39 of 108 DD cases. The back-up plan should include: 1) a medical contact such as physician or preferred admitting hospital; 2) an emergency contact person; and 3) back-up staffing plans in event that primary staff are unable to provided care.

Hennepin County Response
The county will now include the review of this document in the quarterly case audits for DD. It will be included as part of required annual training for all DD case managers. It will also be focused on in individual supervision.

Complete a CAC Application or Request for Physician Certification of Level of Care annually for people on the CAC waiver program.
It is a requirement of the federally approved CAC waiver plan. The primary physician signs the form to certify the level of care needed to confirm eligibility for the CAC waiver program. Overall 24% of CAC cases reviewed did not contain this information. Seven of 30 CAC cases reviewed did not have complete and current documentation in the file. This form is important as it collects information about a person’s finances that helps establish eligibility for the AC program.

Hennepin County Response
To comply with this deficiency Hennepin County CAC case managers will document in SSIS when the CAC Application or Request for Physician Certification level of Care documentation is sent to the physician for his/her review, and signature. If the documentation has not been received from the physician’s office within 2 weeks of it being sent, the case manager will make a follow-up call to request the documentation, and document in SSIS. If the documentation has not been received after the follow-up call the case manager will contact the physician’s office weekly for 3 more attempts and document each attempt as well as response from the physician’s office as to why they have not returned the completed documentation.

When the completed documentation has been received from the physician’s office the case manager will submit the completed documentation to ECF in the person’s case file, and
document in SSIS that it has been received and saved in ECF. Supervisors will audit the CAC files semi-annually to determine if they are compliant in obtaining the CAC Application or Request for Physician Certification level of Care. The audit will consist of reviewing the ECF case file of the CAC recipient, or for contracted cases the contracted agency supervisor will review the agency’s case file for the document. If the documentation is not found in ECF/agency case file, the supervisor will review case note documentation to determine what efforts were made by the case manager to obtain the information. File completeness is a performance expectation and will be noted in the case manager’s performance review.

Complete the Alternative Care Program Client AC Client Disclosure Form annually for people on the AC program.

It is a requirement of MN Statute 256B.0913. Overall 22% of cases did not contain this information. Seventeen of 78 AC cases did not have a current complete Client Disclosure Form in their file. This form demonstrates that a person’s eligibility is reassessed at least every 12 months.

Hennepin County Response
To comply with this deficiency Hennepin County AC case managers will perform the following activity and document in SSIS:

1. For those cases found to not have the AC Program Client AC Client Disclosure Form the case manager will meet with the client immediately to complete this document.
2. The completed document will be saved in ECF.
3. For all other AC clients, this document will be completed at the time of the annual assessment and the completed document saved in ECF.

To monitor quality and compliance supervisors will audit AC files to determine if they are meeting this requirement.

Ensure that case files include the current Related Condition Checklist for all DD participants with a related condition.

It is a requirement of MN Rule 9525.0016. Overall 80% of DD cases with a related condition did not have the required documentation. Eight of 10 DD cases reviewed with a related condition did not have the Related Conditions Checklist in the file. This form is used to confirm eligibility for case management for a person with a condition related to developmental disability and it must be completed annually. As a past corrective action, this continues to pose a challenge for Hennepin County.

Hennepin County Response
The county does understand that we must meet all eligibility requirements, including the Related Conditions Checklist. The county will include this as part of required annual training for DD case managers. The county will refocus quarterly case audits on the Related Conditions Checklist. Additionally, the county already has in place a requirement that all cases being transferred to contracted case management have this document, which is an added quality check.