For more information, contact

**Minnesota Department of Human Services**

Lead Agency Review Team

dhs.leadagencyreviewteam@state.mn.us

[Lead Agency Review site](#)

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800-327-3529

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Swift County response to HCBS Lead Agency Review

In October 2018, the Minnesota Department of Human Services (DHS) conducted a site visit to Swift 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](#).

Corrective actions

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements. 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 Swift County will be required to take corrective action.

Table 1: Lead Agency response to corrective action(s)

<table>
<thead>
<tr>
<th>Corrective action</th>
<th>Lead agency response</th>
</tr>
</thead>
<tbody>
<tr>
<td>The needs that were identified in the assessment/screening process are documented in the support plan.</td>
<td>This area of non-compliance was reviewed with Waiver/AC staff during program specific unit meetings (DD on 12-10-18, EW/AC on 12-11-18 and CCBI on 1/3/19). Requirements were reviewed and the file remediation process was discussed. Case Managers are aware of the need for this requirement to be documented and have indicated that they will be compliant going forward with the development of support plans. Case Managers will check the needs identified in the assessment to ensure that all needs are addressed in the support plan. Ongoing discussions will occur at monthly unit meetings.</td>
</tr>
<tr>
<td>Service details are included in the support plan (frequency, type, cost, and name).</td>
<td>This area of non-compliance was discussed with Case Managers as stated above. The discussion was a review of the specific items and language that needed to be included in the CSSP. Examples were provided. Ongoing discussions will occur at monthly unit meetings.</td>
</tr>
<tr>
<td>LTSS Assessment and Program Information and Signature Page is completed and signed annually by the person. (DHS-2727)</td>
<td>Discussion occurred with DD Case Managers at our unit meeting on 12-10-18 in regards to the root cause of why these forms were not completed and also to address any questions. We are now aware of the need for this form and will insure that the 2727 is signed and completed on an annual basis. In addition, our DD program checklist will be updated by 2/1/19 to include this item to provide as a reminder to complete.</td>
</tr>
<tr>
<td>Corrective action</td>
<td>Lead agency response</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Support Plan was developed using person centered record keeping and documentation</td>
<td>Case managers will review available online support plan training and will continue to attend the person centered planning trainings as provided. Orientation for new case managers will emphasis training on the person centered planning process and will be given opportunities to attend all available trainings. Ongoing discussions regarding PCP and the support plan will occur at monthly unit meetings.</td>
</tr>
</tbody>
</table>

**Additional comments**

No additional comments.