In February 2016, the Minnesota Department of Human Services (DHS) conducted a site visit to Carver 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.
DHS’s February 2016 Finding:
Assess and discuss vocational skills and opportunities with all working age participants annually. MN Statue 256B.0911 Subd. 1a.(9) requires that school-age youth and working-age adults are provided information about competitive employment to ensure that they can make an informed choice about their employment options. Overall, 9% of applicable cases reviewed were missing this information. Four of 19 (21%) of CADI cases did not have evidence that employment opportunities and supports were discussed annually. Providing meaningful employment opportunities for people is an important goal of Minnesota’s Olmstead Plan that cannot be reached if a discussion about employment opportunities does not take place during the planning process.

Carver County’s April 2016 Response:
The action to address this has already been implemented. When the Coordinated Services and Support Plan is developed the attached “Consumer Identified Choices and Preferences” form is completed with the client. This form includes questions related to residential, educational, vocational, and community inclusion preferences the case manager reviews with the client. The form is attached to the CSSP and reviewed with the client every six months.
CONSUMER IDENTIFIED CHOICES & PREFERENCES

RESIDENCE:
Where do you live now?  □ Family Home □ Group Home □ ICF □ My Own Place □ Other_______________
Where do you want to live? □ Family Home □ Group Home □ ICF □ My Own Place □ Other_______________
Who do you want to live with?
What do you like about where you live now?
What would you like to change?

ACTION TO BE TAKEN: WHO IS RESPONSIBLE?

EDUCATIONAL/VOCATIONAL:
How do you spend your day? □ School □ Transition □ DT&H Center □ DT&H Enclave
□ Community Job □ Retired □ Other_______________
How would you like to spend your day? □ School □ Transition □ DT&H Center □ DT&H Enclave
□ Community Job □ Retired □ Other_______________
What things are you good at doing?
What things are you interested in doing?
Would you like to have a job in the community? □ Yes □ No
If yes, what would you like to do?
Can you do this by yourself? □ Yes □ No
What would you need help with?

ACTION TO BE TAKEN: WHO IS RESPONSIBLE?

COMMUNITY INCLUSION:
(Examples: social groups, Special Olympics, Magnifying Abilities, church, camp, concerts, dining out, movies, volunteering, etc.)
What do you like to do out in the community?
How often do you do it?
Is that okay with you?
What would you like to change?

ACTION TO BE TAKEN: WHO IS RESPONSIBLE?