



# Home and Community-Based Services

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## Lead Agency Review

Follow-Up Site Visit Report: **Washington County**

Original Site Visit: November 2016

Follow-Up Site Visit: December 2017

Report Issued: February 2018

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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: (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.

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. 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.

**Follow-up review process**

DHS conducts a follow up review approximately one year after the regularly scheduled review when a lead agency is found to have a significant number of corrective actions or areas in which it was unable to meet state and federal requirements. The specific criteria are: the lead agency has ten or more corrective actions stemming from its Round III review; or, the lead agency has 5 or more corrective actions in Round III that were also corrective actions during its Round II review.

The lead agency is given one year to implement changes and adjustments in areas such as staffing, training, operating procedures, and documentation. Some of these changes can be done quickly, but others often need to be phased in as individuals accessing HCBS waiver programs have an annual reassessments and updated support plans drafted.

The follow-up visit was conducted in December 2017 to review Washington County’s HCBS programs. Washington County has had previous HCBS lead agency reviews conducted in 2008, 2013, and November 2016. Because of the results identified during the November 2016 review, a follow-up visit for approximately one year later was conducted to ensure improved compliance.

During the follow-up review, only the compliance items and waiver programs that are identified as meeting the criteria above are examined by DHS. This review is limited in scope and focuses on technical compliance improvements made by lead agency over the past year.

**Table 1. Programs and cases reviewed for Washington County’s follow-up visit (2017)**

Program	Number of cases reviewed
AC	10
CAC	8
DD	20
EW	10

**About the lead agency**

**Persons served**

At the time of the follow-up review, Washington County served 1,803 people through the HCBS waiver programs. Table 2 shows the number of people enrolled in HCBS waivers by program.

**Table 2. Number of people enrolled in HCBS by program**

Program	2016 (Initial Visit)	2017 (Follow Up Visit)
CCB	454	475
DD	564	693
EW/AC	568	635

**Department management**

Washington County is the lead agency for the HCBS programs and provides case management for these programs within their Social Services Unit which is part of a larger department known as Community Services. Both at the time of the review and at the time of the follow-up review, Washington

County does not serve as a contracted care coordinator for any Managed Care Organizations (MCO's). Washington County does continue to utilize contracted case management, still mostly for their DD waiver case management.

**Follow-up review 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.

**Case file results for previous corrective action items**

During Washington County's initial Round III review in November of 2016, DHS issued several corrective actions, requiring lead agency improvements. During the follow-up visit, case files were reviewed once again to evaluate the lead agency's progress toward achieving compliance in areas where they were found to be inconsistent in meeting state and federal requirements. Table 3 gives an update on the lead agency's actions on previous recommendations from their review in 2016.

**Table 3. Lead agency case file results**

Past corrective action	Past result	Current result
The support plan (ISP, CSSP, etc.) was completed in the last year.	Overall, 6% of cases reviewed did not have a support plan that was completed in the last year. This includes 10% of AC, 19% of EW and 5% of DD cases.	Compliant
The current support plan was signed by all required parties.	Overall, 6% of cases reviewed did not have a support plan that was signed by all required parties. This includes 10% of AC, 19% of EW and 5% of DD cases.	Compliant
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	Overall, 7% of cases reviewed did not contain acknowledgment of choices in the support planning process. This includes 10% of AC, 22% of EW, 2% of CADI and 3% of DD cases.	Compliant
The person's outcomes and goals are documented in the person's support plan.	Overall, 8% of cases reviewed did not have outcomes and goals documented in the support plan. This includes 20% of AC, 22% of EW and 8% of DD cases.	Compliant
The needs that were identified in the assessment/screening process are documented in the support plan.	Overall 13% of cases did not document all of a person's needs in the support plan. This includes 60% of AC, 22% of EW, 4% of CADI and 12% of DD cases.	Compliant

Past corrective action	Past result	Current result
A person's health and safety concerns are documented in their support plan.	Overall 6% of cases did not meet this requirement. This includes 10% of AC, 19% of EW and 5% of DD cases reviewed.	Compliant
The services a person is receiving are documented in the support plan.	Overall, 6% of cases did not document the services the person was receiving. This includes 10% of AC, 19% of EW and 5% of DD cases reviewed.	Compliant
Service details are included in the support plan (frequency, type, cost, and name).	Overall 37% of cases did not document all of a person's service details in the support plan. This includes 10% of AC, 19% of EW, 2% of CADI and 85% of DD cases reviewed.	Non-compliant for Developmental Disabilities program
Information on competitive employment opportunities is provided to people (aged 16 to 64) annually.	Overall 2% of cases did not have documentation that information on competitive employment was provided annually. This includes 40% of CAC cases.	Compliant
An emergency back-up plan has been completed within the last year.	Overall 5% of cases did not document a person's emergency back-up plan. This includes 19% of EW and 3% of DD cases reviewed.	Compliant
Written community support plan is completed within required timelines following an assessment or reassessment.	Overall 12% of cases did not have the written support plan provided to the person within required timelines following the assessment. This includes 10% of AC, 22% of EW and 11% of CADI cases.	Compliant
Documentation that a person received Right to Appeal information in the last year.	Overall, 30% of cases reviewed did not contain documentation that the person received Right to Appeal information in the last year. This includes 5% of EW cases and 79% of DD cases reviewed.	Compliant
Complete LTSS MnCHOICES assessments within 20 days of referral	21% of LTSS assessments were not completed within required timelines in FY 2016 across all waiver programs (15 out of 71 cases across programs were not	N/A- No longer issuing corrective action for this measure

Past corrective action	Past result	Current result
	completed within 20 days of request).	

During the previous review in 2016, the lead agency received corrective actions for 13 areas of non-compliance. Since that time, the lead agency has implemented practices to correct 12 of the 13 areas. This demonstrates that Washington County promptly remediates issues to improve its compliance HCBS program requirements.

**Lead agency improvements**

Over the past year, Washington County has worked to improve its practices, resulting in improved technical compliance across programs. Washington County also hopes that its efforts have improved the quality of services it is able to provide to people accessing HCBS programs.

Washington County has made several improvements to ensure that they are compliant with program requirements. Supervisors have stressed the importance of using current DHS forms and ensuring that case managers capture all required signatures on documents. They clarified the roles between assessors and on-going case managers as well as increased the monitoring by supervisors. Additionally, Washington County has implemented a quarterly peer-review system where case managers review each other’s cases. The case manager reviews a randomly selected case and provides feedback and makes comments. The reviewed case is shared with the supervisor who checks the results and follows up with the case manager. Checklists have been created as part of this process improvement as well. Supervisors feel the peer reviews provide good feedback and has improved consistency between case managers. Another way that Washington County has worked to build consistency amongst staff is through the use of a document called Consumer Identifies Preferences and Choice form. This document is used by case managers during visits with individuals to capture things that are important to the person and also discusses employment.

Washington County has a goal in 2018 of rolling everyone into MnCHOICES including their DD case load. This increased use of MnCHOICES has resulted in more consistency with documentation of items. They are using the electronic support plan for cases completed in MnCHOICES and the review team found needs, services, social activities, and preferred work well documented. The use of MnCHOICES is important in recognizing and implementing important policy changes.

Use of the new CaseWorks system for electronic data storage has been very beneficial as it is a way for documentation to be accessed by assessors and case managers as well as supervisors. CaseWorks is a user-friendly system that allows electronic documents to be directly uploaded into the system including MnCHOICES information. This has increased the timeliness of documents being uploaded for easier access by workers. Washington County has given its contracted case managers the necessary security permissions so they can also use the system. Supervisors use this system to monitor their staff and provide back up as needed. This creates less barriers to the access of information.

**Corrective action requirements**

Corrective actions are issued when it is determined that a pattern of noncompliance exists regarding one or more HCBS program requirements<sup>1</sup>. 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 Washington County will be required to take corrective action.

**Table 4. Lead agency corrective actions**

Corrective Action	Non-Compliance	Requirement
Service details are included in the support plan (frequency, type, cost, and name).	Overall 35% of DD 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

**Required remediation**

Findings indicate that some case files do not contain all required documentation. Washington County must promptly remediate all instances of non-compliance identified during the Lead Agency Review site visit. The Compliance Worksheet(s), given to the lead agency, provide detailed information. Eight of 48 case files reviewed required some remediation. 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 is due to DHS on February 12, 2018.

<sup>1</sup> 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	Total	AC	EW	CAC	DD
The support plan (ISP, CSSP, etc.) was completed in the last year.	94%	90%	100%	100%	85%
The current support plan was signed by all required parties.	95%	90%	100%	N/A	N/A
The person acknowledges choices in the support planning process, including choices in community settings, services, and providers.	100%	N/A	100%	N/A	N/A
The person’s outcomes and goals are documented in the person’s support plan.	100%	N/A	100%	N/A	N/A
The needs that were identified in the assessment/screening process are documented in the support plan.	95%	90%	100%	N/A	N/A
A person’s health and safety concerns are documented in their support plan.	100%	N/A	100%	N/A	N/A
The services a person is receiving are documented in the support plan.	100%	N/A	100%	N/A	N/A
Service details are included in the support plan (frequency, type, cost, and name).	*77%	N/A	100%	N/A	*65%
Information on competitive employment opportunities is provided to people (aged 16 to 64) annually.	100%	N/A	N/A	100%	N/A
An emergency back-up plan has been completed within the last year.	90%	N/A	90%	N/A	N/A
Assessment is current.	100%	100%	100%	100%	100%
Timelines between assessment and support plan have been met.	100%	N/A	100%	N/A	N/A

Documentation that a person received Right to Appeal information in the last year.	100%	N/A	N/A	N/A	100%
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N/A\* - No case files reviewed that reflected particular measure

\*\* - Corrective Actions being issued effective January 1st, 2018