

Minnesota Department of **Human Services**

Home and Community-Based Services

Lead Agency Review

Report for: **St. Louis County**

Lead Agency Review Site Visit: November 2015

Report Issued: January 2016

For more information contact
Minnesota Department of Human Services
Lead Agency Review Team
dhs.leadagencyreviewteam@state.mn.us
<http://www.MinnesotaHCBS.info>

Contents

About the HCBS Lead Agency Review process 4

 Overview 4

 Mixed methods approach 4

About the lead agency..... 5

 Department management..... 6

 Persons served 5

 Staffing roles and responsibilities 6

 Intake, assessment, and case assignment 7

 Maintaining programmatic expertise 8

Working across the lead agency 9

 Internal relationships 9

 External relationships 10

 Provider monitoring process 11

Person centered practices and supports..... 11

 Jensen Settlement Agreement 13

 Positive Support Transition Plans 13

Service development 14

 Employment 14

 Housing and services 15

 Utilization of non-enrolled Tier 2 vendors 16

Managing resources 16

Lead Agency feedback on DHS resources 17

Results and findings..... 18

 Follow up from previous reviews 18

 St. Louis County’s strengths 19

 Recommendations 20

 Corrective action requirements..... 22

 Required remediation 23

Appendix A – Case file results dashboard..... 24

Appendix B – Quality indicators dashboard..... 26

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 Alternatives for Disabled Individuals (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), 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. 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.

Table 1 summarizes the number of sources reviewed in the lead agency for each data collection method.

Table 1: Summary of data collection methods

Method	Numbers for St. Louis County
Case file review	378 cases
Provider survey	15 respondents
Supervisor phone interviews	5 interviews with 7 staff
Case manager and assessor survey	18 respondents
Case manager and assessor focus group	3 focus groups with 37 staff
Assurance plan	1 assurance plan completed
Supervisor meeting	2 supervisor meetings
Non-enrolled tier 2 vendor review	39 claims

About the lead agency

Department management

In October 2015, DHS conducted a review of St. Louis County’s HCBS programs. St. Louis County is located in northeast Minnesota and is made up of both urban and rural communities. Previous HCBS lead agency reviews were conducted in September 2007 and more recently in October 2012.

St. Louis County Public Health and Human Services Department is the lead agency for all HCBS programs and provides case management for these programs. Within the Department, multiple units in the Adult Services Division oversee HCBS programs. The Department has four office locations throughout the large county: Duluth, Virginia, Hibbing, and Ely. Majority of HCBS staff are based in Duluth and Virginia, but there are some HCBS staff who office in each location.

The Adult Services Division oversees the EW, AC, CADI, BI, and DD programs, with a small number of CADI cases managed by the Children and Family Services Division. The Public Health Division manages all CAC cases, some CADI and EW cases, and completes PCA assessments. For EW, Public Health provides care coordination for people enrolled with a Managed Care Organizations (MCO). St. Louis County provides care coordination for three MCOs: UCare, Medica, and Blue Plus.

Persons served

Statewide 94% of people receiving long-term services and supports do so with community-based services. HCBS provides people with more control over services, which promotes independence and reduces costs over institutional care. Table 2 shows the percent of people receiving HCBS by program in St. Louis County.

Table 2. Percent of people receiving HCBS (2014)

Program or Disability Type	St. Louis County	Cohort
Disabilities	92.8%	94.8%
Developmental Disabilities	94.2%	91.6%
Elderly	69.5%	75.9%

In State Fiscal Year 2014, St. Louis County’s population was approximately 200,949 and they served 3,607 people through the HCBS waiver programs. Table 3 shows the number of people enrolled in HCBS waivers by program.

Table 3. Number of people enrolled in HCBS by program

Program	2010	2014
CCB	1,015	988
DD	731	782
EW/AC	1,903	1,837

One indicator which determines how well these programs support independence and person-centered outcomes is the percent of people on the waivers with high needs. A higher percentage of people with high needs shows that services are available to support people in the community even when they need more intense supports. Table 4 shows the percent of people on the waivers with high needs.

Table 4. Percent of people on waivers with high needs (2014)

Program	St. Louis County	Cohort
CCB	78.8%	81.6%
DD	83.9%	89.9%
EW/AC	60.3%	65.4%

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.

Staffing roles and responsibilities

Due to the large size of St. Louis County, staff for the waiver programs are typically split geographically in the northern (Virginia, Hibbing and Ely) and southern (Duluth) parts of the county. This includes supervisors, case managers and other support staff.

There are five supervisors in the Adult Services Division that oversee HCBS programs. One supervisor who is based in Duluth oversees all MnCHOICES assessors for both the northern and southern offices (about 15 staff). There are two supervisors that manage the Elderly and Disabled Services units; one in the southern office and one for the northern portion of the county. They each oversee 10-15 staff that work with the EW fee for service program, AC, BI and CADI programs. There are also two supervisors that each oversee a Developmental Disabilities unit; again, one covers the northern region and the other works with the southern office. The DD supervisors oversee a total of 27 staff who work with the DD waiver program and Rule 185.

There are two supervisors in the Public Health Division housed in the Duluth office who oversee staff in both the northern and southern offices. One supervisor oversees all CAC waiver case management, CADI waiver case management for people with higher medical needs, and as well as ongoing PCA reassessments. Approximately 12 staff work with this supervisor. The other public health supervisor, who is also based in Duluth, is responsible for supervision of the MCO care coordinators. This supervisor has about 20 staff who are spread across all four county office locations.

In addition, St. Louis County has two social workers who serve as waiver coordinators for the county. Their responsibilities include managing the Waiver Management System, program waitlists and some Rate Management System (RMS) entry. These positions are not supervisory in nature and report to the Adult Services Division Manager. There is also one supervisor in St. Louis County under the Children and Families Division that oversees a case manager who works with children on a CADI waiver.

Throughout the Adult Services Division, there are support staff that assist staff with administrative tasks and other duties related to the organization of HBCS programs.

Intake, assessment, and case assignment

At the time of the review, St. Louis County did not have a centralized intake for adult services. The northern office did have a centralized intake but only for children's services. In the southern office in Duluth, calls regarding intake for adult services are answered by a receptionist. The receptionist then transfers the call to an adult services case manager assigned as "person-of-the-day" who carries a cell phone for immediate connectivity. This "person-of-the-day" provides information and referral for non-waiver services if appropriate. If the person calling requires or requests a MnCHOICES assessment, they will provide the caller with the MnCHOICES intake number and instruct the person to call to set up an assessment.

In the northern offices, the initial calls come into the receptionist at the Virginia office. The calls are given to one staff member who gathers some initial information and issues all appropriate referrals. Similar to the southern office, if the person is interested in a MnCHOICES assessment, they are provided with the MnCHOICES intake number to call to schedule an assessment.

The implementation of MnCHOICES has prompted some changes in the intake process for people likely needing waiver services. In both the northern and southern office, the person in need of services also speaks with a unit staff member, having to share their needs and history again. Overall the lead agency acknowledged that its intake system needs improvement and is in the process of researching alternative processes and staffing needs.

The MnCHOICES unit has two staff that answer the assessment intake line. All the assessors are on a rotation for these intake duties. They discuss standardized intake information including steps the person will need to take in order to qualify for waiver services. This includes having active Medical Assistance (MA), becoming certified disabled, etc. They also give the person a choice of when they would like to complete the MnCHOICES assessment; before or after the other pieces are in place. Once a person requests an assessment, the assessors meet and self-select cases based on location or expertise. They then schedule a time to complete the assessment with the person. Each assessor completes an average of 12 assessments per month.

Once the assessment is completed and it has been decided that the person is eligible for a waiver, the assessor enters the screening document into MMIS and opens the person to the applicable waiver program. The assessment team then sends the information on to the appropriate waiver supervisor, who determines who will be assigned as the ongoing case manager. In some units this is discussed during team meetings and in other units the supervisor assigns cases on a rotating basis and based on geography. Once an ongoing case manager is determined, the assessor sends all electronic documentation via email. Typically the assessor and case manager also meet, either in person or over the phone, to discuss specifics regarding the case at the time of hand off.

For ongoing reassessments, case managers will be responsible for completing MnCHOICES assessments for their respective caseloads. St. Louis County has recognized the increase in time this process will result in for case managers, and has been proactive about hiring additional case managers across all units to allow for a decrease in caseload size. At the time of the review, most case managers were certified MnCHOICES assessors and had recently begun completing reassessments on their caseload via the MnCHOICES assessment.

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 calendar year 2015, St. Louis County had 72% percent of assessments completed on time in EW and AC, while CCB and DD had 65% and 76% respectively. This illustrates the overall inefficiency of their intake and assessment process, which could correlate with MnCHOICES implementation. For those people who did not receive a MnCHOICES assessment within 20 days, the delay prevents them from receiving important services that help them live safely in the community. St. Louis County is aware of the need for more efficiency in this process and has been working to develop more formal procedures to improve their timelessness for assessments. They report that their timeliness has improved throughout the year.

Maintaining programmatic 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.

All St. Louis County supervisors hold consistent team meetings ranging from weekly to monthly in frequency. These meetings serve as a time for trainings, policy and programmatic updates, as well as case consultation. The MnCHOICES assessment team has weekly unit meetings via ITV as its staff are located in several county offices, and they meet monthly in person. Both Aging and Disability Services units have weekly meetings. The Developmental Disability unit in the northern office meets once per month for a three hour unit meeting. Both the northern and southern offices have shorter weekly meetings that serve as more of a check-in for staff and supervisors. The CAC waiver and PCA reassessment team has an all-staff meeting four times per year, where staff from all four locations meet in person. Each individual office location also meets on a more regular basis to share information. For the EW MCO team, monthly meetings are held for all staff.

In addition to regular team meetings, all St. Louis County units each have other strategies for keeping staff up to date. Some units do peer-auditing of files, while other units have supervisor's spot check files for accuracy. Also, because most files have transitioned to an electronic file system within the past year, supervisors have easy access to files and are able to review documentation more conveniently. Unit supervisors also encourage all staff to sign up for Listservs and DHS bulletins, and most send out pertinent information to staff to ensure everyone receives up-to-date information relevant to their program areas.

In the Public Health Division, the EW MCO unit has designated lead workers for each health plan. These individuals are responsible for checking the monthly enrollment lists as well as distributing any plan updates or changes to colleagues. Staff report that this lead worker plays a critical role in keeping the team up to date and organized. Also, because they provide care coordination for three MCOs, annual audits are conducted on these EW files by each health plan.

Case managers in St. Louis County report that unit meetings are helpful and aide them in staying current in their specific program areas. They also acknowledge the difficulty they face in keeping up and maintaining expertise across the multiple programs they work with. In order to maintain programmatic expertise, case managers most often rely on eDocs, bulletins and the Community Based Services Manual (CBSM). Case managers also rely on each other to become experts in certain program areas. They also expressed that although they are interested in attending trainings related to their work, it can be difficult to commit the necessary time due to their caseload size.

Providers in St. Louis County that responded to the provider survey indicated that the agency is well versed in Minnesota Health Care Programs (MHCP) enrollment, person-centered planning, and 245D HCBS licensing. Overall, providers thought highly of the agency in their capacity to remain current with changes, respond in a timely manner and assist with MA troubleshooting.

Working across the lead agency

The Lead Agency Review process looks at internal and 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. Effective working relationships, both internally and externally, increases the level of coordination and quality of the services being delivered.

Internal relationships

St. Louis County Public Health and Human Services Department operates as a joint agency responsible for all human services and public health programs. In order to ensure quality services to all people receiving HCBS services, it is necessary that they work collaboratively. Supervisors noted that although nurses and social workers work together at times, they realize there are opportunities to build stronger partnerships. Case managers echoed these statements; they value the multi-disciplinary approach, but often feel that they are too busy to collaborate as often as they would like. They further explained that case managers and nurses often “team” on cases involving children on the CAC or DD program, but not as often for other populations.

The lead agency has been utilizing a case banking system for their financial eligibility teams for a few years in both their northern and southern offices. The financial workers are grouped into different banks depending on what their specialties are. There are two primary banks, community and long-term care, which are then broken into some smaller divisions within these two groups. Besides one financial worker that specializes in elderly programs in the southern office, the financial workers are not co-located with case managers or public health nurses. Case managers and supervisors voiced dissatisfaction with this current system. They stated that it can be difficult to access the financial workers as they do not have direct lines of communication with them. The financial workers do not have direct phone lines, and can get bogged down by the amount of emails they receive from county staff, providers, and people receiving assistance, which results in delays in responses. There is one general phone line that only allows the caller to leave a voice message, and a financial worker will return the call within three days. They also stated that this can be frustrating for people on HCBS programs because they are unable to speak with someone when they have an urgent eligibility issue.

St. Louis County Health and Human Services staff also interface with child and adult protection at times. In the northern offices, there are two adult protection workers. Supervisors report that communication between these workers and the case management staff is very good. In the southern office, adult protection staff sit on the same floor as waiver case managers. Their interactions are described by supervisors as “seamless”. Case managers are able to walk over and consult when problems arise or someone on their caseload is involved in an adult protection case.

Staff reported that their relationships with child protection are not as strong as with adult protection staff. Staff explained that this is likely due to less interaction because there are fewer children involved with both an HCBS waiver program and a children’s services program. In the northern offices, the Children and Family Services division is not as knowledgeable as some would like of HCBS programs and supports. Also, in the southern office both case managers and supervisors report that the dynamic between child protection and case managers is different than it is with adult protection.

Mental health is another area within the department that is closely linked with staff working with HCBS programs. People who are on a waiver program and are also eligible for mental health targeted case management have dual case management; they are assigned two case managers, each of whom oversees one program. Up until recently, the mental health targeted case managers were managed under a separate Mental Health Unit. The decision was made to have all of these workers managed under the Adult Services and Children and Family Services Division. Because of this change, supervisors are creating specialties in this area and bringing on additional case managers with mental health expertise. St. Louis County also contracts with two private community providers for some of their mental health case management. One agency typically covers the northern portion of the county, and the other covers the southern portion. Typically, the mental health case manager has more frequent contact with the person and providers. Staff reported that these roles were clear.

External relationships

During the Lead Agency Review, case managers and assessors were asked to rate their working relationships with other local service providers. Case managers and assessors only rated agencies they have had experience working with. Table 5 lists the results of the focus group ranking of local agency relationships.

Table 5: St. Louis County Case Manager/Assessor Rankings of Local Agency Relationships

Local Agencies	Poor	Average	Good	Not applicable
School districts (IEIC, CTIC, etc.)	6%	27%	3%	64%
Nursing facilities	23%	36%	18%	23%
Hospitals	35%	42%	10%	13%
Primary care clinics	9%	45%	27%	18%
Mental health service providers	21%	33%	21%	25%
Area Agency on Aging	6%	6%	44%	44%
Crisis services	48%	14%	7%	31%
Foster care providers	0%	36%	45%	18%
Customized living facilities	0%	36%	27%	36%
Center-based day programs	0%	22%	38%	41%
Community-based employment providers	10%	10%	10%	70%
Home health agencies	20%	30%	50%	0%

Lead agency staff shared they have overall positive relationships with providers in St. Louis County. They rated their strongest relationships with home health agencies and foster care providers. Case managers explained that they have numerous quality foster care providers in the area that they have long-standing relationships with. Case managers and assessors conveyed that there are many options for providers for foster care in their area, most notably in the southern portion of the county. They also expressed positive relationships with the Area Agency on Aging. Supervisors voiced their satisfaction with mental health service providers in the area, explaining that they are working to collaborate with some of these providers to expand service options throughout the county.

Case managers also voiced concerns about relationships with some providers, most notably crisis services. They stated that not only is there a lack of providers in the area, but the active providers are

often times selective on who they will serve. For example, the person in need of services must have a certain IQ level. Also, other crisis providers have a long waiting list, so by the time the person comes up on the list, they may not be in need of services anymore. Supervisors expressed similar concerns with crisis providers and are interested in developing additional resources to better meet the needs of their community members.

The Lead Agency Review process also includes surveying area providers about their relationship with lead agency staff. The providers responding to the survey agreed that overall the lead agency is very responsive. Ninety-three percent of respondents reported that the lead agency responds in a timely manner, and 86% agreed that they received the needed assistance from St. Louis County when they ask a question. Respondents identified a need for lead agency improvement in processing service agreements on time, with 23% respondents stating that they never or only sometimes process service agreements in a timely manner.

Provider monitoring process

It is the lead agency's responsibility to monitor the on-going provision of services for efficacy, people's satisfaction, and continued eligibility, while making adjustments when necessary. Supervisors in St. Louis County stated that they experienced some uncertainty in their role of monitoring providers when county contracts with HCBS providers ended in 2013. They have started guiding case managers to take more of an active role in provider monitoring, such as holding providers responsible for goals and tasks identified in the support plan. They also discuss issues that arise with providers at regular staff meetings and problem solve with the rest of the team. Results of the provider survey indicated that case managers are good at defining how best to monitor and participate in the service delivery for an individual. They reported that most often, the monitoring is in the form of phone or email communication.

Lead agency staff shared that the large size of the county and the mix of urban and rural areas can be a challenge when it comes to service provision for people on HCBS programs. In the northern and more rural part of the county, providers have a hard time finding qualified staff and there is often a limited choice amongst providers. They also highlighted a few significant service gaps in the area including respite services, transportation and crisis services. Providers responding to the provider survey reported similar gaps in respite and crisis, and stated that behavioral programming is another urgent area of unmet service need.

Person-centered practices and supports

The State of Minnesota has a goal of broadening the effective use of person-centered planning principles and techniques for people with disability. People with disabilities will now decide for themselves where they will live, learn, work, and conduct their lives. In addition, the person will choose the services through a planning process directed by the person that discovers and implements what is important *to* the person and what is important *for* the person. This process is meant to improve the person's quality of life.

The [Minnesota Olmstead Plan](#) sees person-centered planning as foundational to overcoming system biases and supporting peoples' ability to engage fully in their communities. These priorities, coupled with changes in federal mandates, require that lead agencies' practices be updated for better alignment.

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 6 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 practices assessment



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

Table 6. Average score by domain

Domain	Average Score
Assessment, Discovery, Exploration	2.23
Planning Practices	2.53
Community Participation and Inclusion	2.21
Current Level of Support and Services	2.39
Organizational Design and Processes	2.18
Evaluation of Person Centered Practices	1.95

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

St. Louis County has demonstrated a commitment to training all staff on person-centered practices. As reported in the case manager and assessor survey, almost all have received some type of training on person-centered practices. St. Louis County supervisors have also partnered with the University of Minnesota’s Institute on Community Integration to offer a two-day person-centered thinking training to all case managers, assessors and supervisors who have not completed this training yet. They are also planning on making the training mandatory for staff responsible for guardianship duties. These trainings sessions were being arranged at the time of the Lead Agency Review site visit.

Case managers and assessors reported that they feel they have been practicing person-centered principles for quite some time. They further explained that they do this by encouraging people to think about and express what they want, not what others may want for them. They also stated that they treat the person as the expert in what is best for them, and work with them to reach their goals. Supervisors reported that they encourage staff to employ these principles during case consultation and at team meetings. At the time of the review, they had not developed any strategies to monitor the utilization of these principles by staff in the field.

Providers responding to the provider survey identified strengths in case managers and assessors incorporating what is important to the person (60% of respondents identified this as a strength) as well as what is important for the person (47% identified this as a strength). They also reported that case managers and assessors encourage them to provide the proper level of service needed. There were areas that providers also identified as growth opportunities for the lead agency, including helping people make progress toward their goals and helping people overcome barriers in the system.

Evidence of person-centered practices in case files is also reviewed during the Lead Agency Review site visit. Of the files reviewed, only 14% contained information on a person's dreams. Also, the person's preferred work was documented in just 58% of cases and information about the person's preferred living setting was documented only 47% of the time. This demonstrates the need for improved application of person-centered thinking techniques when drafting HCBS support plans.

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.

At the time of the review, this lead agency was serving several Jensen Settlement Agreement members on a HCBS waiver. Case file review for these individuals includes the evaluation of a separate person-centered plan, in addition to the HCBS support plan. All case files reviewed had the required separate person-centered plan. However, the plans were inconsistent in the depth of what was covered. None of the plans reviewed had information on the process for monitoring the plan. All plans did have some important characteristics of person-centered principles such as work or school activities wanted and rituals and routines described. Overall, the separate person-centered plan and the HCBS support plan addressed most key aspects of person-centered planning and showed continuity.

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.

At the time of the review, this lead agency served several people with a PSTP. The case files, and the related PSTP paperwork for these individuals were reviewed as a part of the on-site case file review. Of cases reviewed, 70% contained the required DHS PSTP forms. The remaining 30% were either missing altogether or were incomplete. Also, only 40% of cases that required a PSTP review form had this form completed at the appropriate intervals. The lead agency is working on clarifying roles internally to ensure the proper documentation is completed. They are also working with providers to confirm that plans are being drafted and reviewed in accordance with Minnesota statute and rule.

Service development

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.

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 7 and Table 8 show the percent of earning for those who are working by program.

Table 7. Percent of working age people on the DD waiver with earned income (2014)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
St. Louis County	32%	43.4%	17.1%	7.5%
Cohort	40.5%	38.3%	13.5%	7.8%
Statewide	33.5%	42.9%	15.7%	7.8%

Table 8. Percent of working age people on a CCB waiver with earned income (2014)

	Not earning income	Earns \$250 or less per month	Earns \$251 to \$599 per month	Earns \$600 or more/month
St. Louis County	84.2%	7.9%	4.5%	3.4%
Cohort	78.5%	11.7%	5.3%	4.5%
Statewide	72.5%	14.4%	7.5%	5.5%

Staff stated that there is a lack of employment providers in the area, especially for people who live in the more rural areas of the county. This often limits the person’s ability to choose a work program that fits their needs best. They indicated that people who live farther from the more urban area of St. Louis County do not have much choice for work. In addition, staff reported that the limitation of their current transportation services hinders people’s ability to access employment. Even when family members are

able to provide transportation to a job site, often providers will not work with people who live outside a set radius from their office location.

St. Louis County authorized supported employment for people on CADI waiver at a rate that is on par for their cohort (4.1% versus cohort use of 3.8%). For people on the DD waiver however, they authorize supported employment services at a higher rate than their cohort use (10.4% versus cohort use of 6.8%). As the data above demonstrates, supported employment is a service that leads to individuals earning more per month.

Minnesota’s Olmstead Plan creates benchmarks to increase the number of people with disabilities earning at least \$250 per month. St. Louis County’s portion of this is 16 people per state fiscal year. The lead agency will do this by incorporating employment training into their new employee orientation, and identifying training that can be done individually within units. They will also be reviewing earned income data for individuals on waivers to determine specific strategies and opportunities to help people move into independent jobs and increase earnings. In addition, St. Louis County is planning to host an outreach event for new graduates focusing on employment planning for transition age students and their families.

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 9 shows the percent of people who receive services in their own home.

Table 9: Percent of people who receive services at home (2014)

Program	St. Louis County	Cohort
CCB	45.7%	62.9%
DD	31.6%	45.4%
EW/AC	48.6%	84.0%

As the table demonstrates, St. Louis County is outperformed by their cohort in serving people on HCBS waiver in their own homes, across all program areas. In addition, the percentage of people on EW/AC and CCB programs who live in their own home (i.e. not in a licensed setting), had decreased in recent years. For these programs, the county utilizes residential services (i.e. customized living services and foster care) for this population at a rate much higher than its cohort (county use of 65.1% versus cohort use of 32.5% for EW/AC and county use of 50.9% versus cohort use of 34.9% for EW/AC).

Lead agency staff stated that a significant service gap in St. Louis County is in-home supportive services that can be customized to a person’s individual needs and wants. Because of this service gap, people are sometimes forced into a more restrictive residential setting when they could possibly be served in their own home. Lead agency staff reported that one barrier providers are facing is a lack of qualified staff. Supervisors stated that there is a high number of residential service options in the area, and these providers are often able to offer a more competitive wage for workers in this field compared to home care agencies. Developing a continuum of care for individuals enrolled in the disability waivers

will require the lead agency to work closely with providers to meet the emerging needs of their community members.

Utilization of non-enrolled Tier 2 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.

St. Louis County utilizes non-enrolled vendors for some Tier 2 services, typically for chore services, transportation, and environmental accessibility adaptations. They have developed a structured process for authorizing these vendors, which is managed by the county’s internal Contract Services Department. The contract services representative keeps a log of pre-qualified providers on the agencies internal website, allowing all case managers to easily learn of possible service vendors. These providers have already been determined to meet the service standards for specific services.

If a case manager would like to authorize a provider not on list, they follow a process to be able to utilize the provider. They send Contract Services information on the potential provider, and a contract is drafted. All contracts are person-specific and contain all required DHS information, as well as some additional requirements including liability insurance and indemnification. For a provider of environmental accessibility adaptations, a permit and license are also required. After the contract is signed, the provider is able to bill the lead agency for the service. The lead agency’s willingness to assist providers through this process allows people to access services and assistance that might not traditionally be available, especially in the county’s more rural areas.

A sample of Tier 2 service claims was reviewed during the lead agency site visit. Besides some transportation claims, all reviewed claims had a completed service purchase agreement. The lead agency’s approval log also included all vendors, except for some transportation providers. It also was missing a place to document verification of excluded provider lists and completed background checks. The Contract Service Department was updating its protocol to correct this oversight at the time of the lead agency site visit.

Managing resources

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 10: Combined year-end budget balance and percent of program need met for CCB (2014)

	Year-end budget balance	Percent of program need met
St. Louis County	18%	99.8%
Statewide	8%	96.8%

For the CAC, CADI and BI programs, St. Louis County had a 18% balance at the end of fiscal year 2014, which is a larger balance than the statewide average (8%). St. Louis County has had similar CCB balances for the past few years: 18% at the end of fiscal year 2013 and 17% in 2012. The lead agency has been able to keep large year-end budget balances without creating large waitlists, demonstrating that its allocation is able to meet the needs of this community.

Table 11: Combined year-end budget balance and percent of program need met for DD (2014)

	Year-end budget balance	Percent of program need met
St. Louis County	6%	93.1%
Statewide	8%	96%

At the end of calendar year 2014, the DD waiver budget had a balance of 6%. St. Louis County's DD waiver balance is smaller than its balance in CY 2013 (8%), and lower than the statewide average (8%). Throughout the past five years, St. Louis County's DD balance has stayed stable between 6% and 8%.

At the time of the review, St. Louis County MMIS data showed a small waitlist for the CADI program and 59 on the DD waiver program waitlist. However, as St. Louis County works with DHS to eliminate the CADI waitlist and restructure the DD waitlist, this number will be reduced or eliminated over the next year. The lead agency stated that individuals on the waitlists are there because of issues with Medical Assistance paperwork or because they have chosen to use other services in place of a waiver. They have reported that at this time, they have several funded allocations available and anyone who wants a waiver and is eligible is able to open to a program.

The two waiver coordinators manage the waitlists and allocations in WMS. In order to secure a waiver slot or gain approval on an increase in waiver funding, staff follow St. Louis County's "Adult Level 4 Review (AL4R)" process. The first step in the process is for the case manager or assessor to research all possible service options for the person, including waiver and non-waiver services. If they are not able to rule out waiver services, they move on to level two where they discuss the plan with other case managers and/or assessors to receive input and brainstorm on community resources. Level three in the process includes discussing the person's needs and situation with a supervisor, who is able to approve increases up to \$7 per day. If the situation is not resolved at this level, the fourth level is to present the case to the AL4R team which includes supervisors, waiver coordinators, and other staff. There are other circumstances that automatically require this fourth step, including new CDCS plans, all new placements in foster care, all new referrals to a waiver, and all home and vehicle modification requests.

Oversight of RMS entry is also a responsibility of the waiver coordinators. Staff typically enter their own RMS information. However, if the RMS framework rate is \$20.00 or more over the historic rate, staff must receive supervisor approval before adding to the service agreement. Also, any adult foster care rate over \$500.00 per day must be reviewed through the AL4R process annually to gain approval. The waiver coordinators also receive reports on MMIS and RMS accuracy and follow up with individual staff if rates are not in agreement. St. Louis County's RMS compliance is 90.7% for CCB and 91.5% for DD. These numbers indicate that the protocol in place has been successful in MMIS authorization lines matching the RMS record.

Lead Agency 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 12 shows the DHS resources that were rated the highest and the lowest by lead agency staff.

Table 12: Highest and lowest rated DHS resources by lead agency staff

Rating	Resource
High	<ul style="list-style-type: none"> • eDocs • Ombudsman • Bulletins • Community Based Services Manual (CBSM)
Low	<ul style="list-style-type: none"> • Webinars • HB101.org • DSD Response Center • DB101.org

Staff attending the case manager and assessor focus groups reported that eDocs and bulletins are the resources they find most helpful. Some staff found the CBSM to be helpful, while others reported that it can be difficult to navigate. They went on to report that webinars are not very useful to them, as typically they are not interactive and the material can be monotonous. Staff were less familiar with DB101.org as well as HB101.org and stated they have not used these resources.

Supervisors reported very strong relationships with the Ombudsman. Specifically, supervisors in the northern office had good experiences partnering with the Ombudsman to improve services for the people they support. Supervisors also agreed that bulletins are very helpful in keeping up-to-date on programmatic updates. They typically receive bulletins and pass any applicable information on to their staff to make sure they are keeping current as well. Supervisors also found Policy Quest to be helpful when seeking clarification on specific policy questions.

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.

Follow up from previous reviews

During St. Louis County’s 2012 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 13 gives an update on the lead agency’s actions on previous recommendations.

Table 13. Lead agency actions on previous recommendations

2012 Recommendation	Update on Lead Agency Actions
Assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.	<p>96% of case files reviewed (for working age people) contained documentation that vocational skills and abilities were assessed.</p> <p>91% of case files reviewed contained documentation that people received information on their right to appeal on an annual basis.</p>

2012 Recommendation	Update on Lead Agency Actions
Develop learning systems that cross units in the agency to allow case managers to stay informed on HCBS programs and to address staff turnover and transitions.	At the time of the review, the lead agency was working on developing a formal training protocol for new employees. They have also implemented quarterly training sessions with the waiver coordinators.
Expand community employment opportunities for participants in the CCB and DD programs.	The lead agency has not pursued this recommendation but is open to working with providers in the community to expand employment opportunities.
Work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.	At the time of the review, St. Louis County supervisors were working with two community providers to develop additional in-home services for people with high behavioral and/or mental health needs.
St. Louis County has reserves in the DD and CCB budgets and is able to serve additional participants in these programs.	Balances have been reduced since the 2012 review. St. Louis County has developed a new protocol to better maximize the utilization of waiver funding.
Use visit sheets to document satisfaction and provider performance.	St. Louis County uses a monitoring form for some waiver programs. They were encouraged to develop a systematic process for obtaining feedback on services from people during face to face visits.

During the previous review in October 2012, the lead agency received corrective actions for 11 areas of non-compliance. Since that time, the lead agency has implemented practices to correct five of the 11 areas. This demonstrates that although St. Louis County works to remediate issues, some areas of program compliance remain a challenge.

St. Louis County’s strengths

The following findings focus on the strengths observed during the recent review of St. Louis County. By maintaining strong practices over the years and implementing new efforts to improve HCBS in its community, St. Louis County continues to create positive results for the people receiving services.

St. Louis County has established processes, structures, and systems to effectively manage allocations and program waitlists. The county has long been using their Adult Level 4 Review protocol to ensure that individuals are receiving the proper level of services and supports. This in turn allows the county to better manage its waiver funds for sustainable and maximum participation. An added benefit of this process is the increased collaboration and consultation that occurs between case managers and supervisors before a decision is made about waiver funding or service authorization. St. Louis County has also more recently begun using their own systems of spreadsheets to supplement the information provided via the Waiver Management System. This has allowed them to successfully manage program budgets while meeting the needs of the people in their community.

St. Louis County has good processes in place to verify that non-enrolled vendors meet applicable service standards. This process works well because the Contract Services Department has a strong understanding of HCBS requirements and the roles of vendors and case managers. They have created a process and protocols that provide the oversight and organization needed in a county of

their size. They also ensure that case managers have easy access to the information via their internal website. St. Louis County's willingness use this process and take on the added responsibility of pass-through billing allows people increased choice in providers, as well as access to services that might not be readily available in their community.

St. Louis County has developed specialization within their case management team to offer more tailored services and supports for people on HCBS waivers. The lead agency has dedicated workers for transition-aged people in the DD unit. This specialization allows these case managers to become experts on matters specific to this population, such as schools, housing and vocational service options. They have also established lead workers for each EW MCO. Lead workers are able to assist the supervisor in keeping the team up-to-date on policy changes and provide much needed guidance and oversight. They are also able to act as a subject matter experts and disseminate information from applicable training opportunities.

St. Louis County has been proactive in addressing its staffing needs to meet the demands of its continued MnCHOICES implementation. The continued roll-out of MnCHOICES has resulted in an increase in workload for case managers and assessors. Also, because of the high number of out of county people receiving waiver services in St. Louis County, the demand for MnCHOICES assessments may be high for this population. St. Louis County was preemptive in hiring additional case managers to allow for a reduction in on-going case managers caseload size, as they will be completing MnCHOICES reassessments for those on their current caseload. They have also cultivated a strong team of assessors to complete all new assessments. This will allow for new assessments to be completed in a timely manner and will ensure equal and expedient access to all people requesting HCBS services.

St. Louis County is utilizing technology to improve efficiencies. The lead agency utilizes an electronic content management system, OnBase. The HCBS Lead Agency Review team found this system to be well-organized and allowed for improved streamlining. This will also allow the supervisor and case managers to easily access all case file documentation for internal auditing and monitoring.

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 St. Louis County and people receiving services.

Add critical content to each person's support plan to make it more person-centered. The support plan is the one document that all people receive, and it should include personalized and detailed information about their plan of care. Individuals should be asked about their dreams, where they want to live and work, and how they want to spend their free time. Of the support plans reviewed in St. Louis County, just 14% included information about the person's dreams. All of this should be embedded in the support plan and used, in part, to establish meaningful and customized goals. The support plan should also state how those goals will be monitored and by whom to ensure providers are helping each individual achieve those goals and dreams.

Work with existing waiver providers in your community to develop service options for people wanting alternatives to foster care. St. Louis County serves a higher percentage of people with disabilities on HCBS waivers in restrictive residential settings when compared to its cohort. Out of Minnesota's 87 counties, St. Louis ranks 77th in CCB waiver programs and 60th in the DD program in the number of persons served at home. St. Louis County should work with its existing providers to develop service models aimed at meeting the needs of people in the most integrated settings possible.

Services such as Supportive Living Services, Independent Living Skills, 24-Hour Emergency Assistance, and Housing Access Coordination are designed to help people access and maintain housing while building skills. By growing local qualified providers, St. Louis County residents will be able to utilize different levels of supports and have meaningful options about where and with whom they want to live. This will also free up corporate foster care capacity so it can be re-used to more effectively respond to emerging needs relating to crisis services and services for youth.

Expand employment opportunities to ensure people with disabilities have choices for competitive, meaningful, and sustained employment. Although St. Louis County authorizes Supported Employment Services at a higher rate than its cohort (10.4% vs 6.8% utilization in the DD waiver), it still ranks only 50th out of 87 counties in the percent of people on the DD waiver earning between \$250-\$599 per month and 42nd for people earning more than \$600 per month. The lead agency should reduce its use of center-based vocational services by continuing to strengthen its partnerships with providers interested in developing opportunities that result in higher wages for people. This will allow St. Louis County to move more individuals with disabilities into higher earning jobs, and achieve its portion of Minnesota's Olmstead Plan goals, which creates benchmarks to increase the number of people with competitive employment (16 people per year for St. Louis County).

Use the CADI and DD waiver programs to enhance the supportive services St. Louis County can offer children and their families. This age group is an emerging population for many lead agencies, as children and families with complex needs turn to counties for help. Currently, only 6.7% of St. Louis County CCB program is under 22 years of age, notably less than its cohorts and other larger counties. Many lead agencies have begun to use the CADI waiver to offer children with serious emotional disturbances or other mental health challenges supports beyond traditional Medical Assistance services that can help keep children out of institutional placement and at home with their families. St. Louis County will need to be proactive in endorsing CADI and DD waivers for children and transition-aged youth. This may include further educating assessors on services that are offered through these programs that are especially useful for children and their families, such as CDCS, Behavioral Supports, and respite. This may also include continuing to foster their relationships with area schools to educate staff on waiver programs and encouraging referrals for struggling families.

Improve internal processes for intake and financial eligibility to reduce barriers for people in need of HCBS services. At the time of the review, there was not a clear intake process for adults requesting HCBS services. The processes in place were confusing to community members and involved making several calls with several different county staff in order to schedule their MnCHOICES assessment, creating both barriers and delays. Also, St. Louis County utilizes case banking for their financial eligibility units. This is an approach often employed by larger lead agencies to assist with high caseloads and improve access for people. However, the current system is disjointed and often creates another barrier for the people these programs serve. St. Louis County should work to improve these processes to allow for more expedient and streamlined access.

Develop a formal training process for new case managers and assessors. This was issued as a recommendation in the previous review and continues to be a challenge for St. Louis County. With the increase in staff hiring due to MnCHOICES implementation, as well as staff turnover and retirements, St. Louis County is experiencing an influx of new case managers and assessors. In addition, HCBS waiver programs have undergone a significant number of major changes in recent years, with even more changes coming soon. Administering the waiver programs and providing case management has become more complicated. A more formal training process should be developed and implemented to support new staff in their roles. This could include developing checklists, instituting a more formal

mentoring process and reducing caseloads to allow time for ongoing training opportunities. At the time of the lead agency review, St. Louis County was beginning to work on a formal training process.

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 St. Louis County will be required to take corrective action. Because some items below were previously issued St. Louis County should review past submissions to ensure the corrective action plan will result in a compliant result this time.

Complete LTSS MnCHOICES assessments within 20 days of referral. MN Statute 256B.0911 requires that assessments be conducted within 20 days of the request. Overall, for individuals who newly opened to a waiver program in SFY 2015, 31% were not assessed within this time frame. This was a challenge across all program areas including 35% for CCB, 28% for EW/AC and 24% DD. Completing assessments and eligibility determination within 20 days helps ensure prompt access to those needing services.

Ensure that each person receiving HCBS waiver services has an individual support plan that is signed by the person. MN Statute and the federally approved waiver plans require that all support plans must be completed on at least an annual basis and signed by the person. Overall 9% of support plans did not meet this requirement. Ten of 88 CADI cases and 16 of 96 DD cases did not have a signed support plan. Support plans are the basis for service delivery and without a signed support plan people have not acknowledged agreement with the plan.

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). Thirty percent of cases reviewed across all programs were missing some or all of this information. Twenty percent of CAC cases, 12 of 88 CADI cases, one of 43 BI cases, one of 89 EW cases, three of 57 AC cases and 94 out of 96 DD cases had support plans that did not contain all of this information. This information is the minimum required to ensure people are informed about the services they will be receiving.

Complete the Case Manager's Guide to Determining ICF/DD Level of Care for individuals on the DD waiver who have not been assessed via MnCHOICES. Minnesota Rule requires that lead agencies determine eligibility for the DD waiver programs on an annual basis. Overall, 17% of cases reviewed in the DD program did not contain the required information. Sixteen of 96 DD cases did not contain a current ICF/DD Level of Care form. By completing this form annually, the lead agency is confirming that individuals accessing the DD waiver are in fact in need of an institutional level of care.

Obtain signed documentation the person received information on how private data will be used, in accordance with data practices and HIPAA. Minnesota Statutes require the lead agency notify individuals regarding the use of private information collected. Overall 10% of cases across all programs were missing the information. Eight of 88 CADI cases, two of 43 BI cases, four of 89 EW cases, and 22 of 96 DD cases did not have documentation that the person had been informed of the county's privacy

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

practices in within the past year. It is important that each person understands how their private information will be used by the lead agency.

Obtain signed documentation with each person understands their appeal rights. This is required by MN Statute 256B.0911. Overall nine percent of cases across all programs did not contain the information. Nine of 88 CADI cases, two of 43 BI cases, four of 89 EW cases, and 18 of 96 DD cases did not have documentation in the case file indicating that person was informed of their right to appeal within the past year. It is important that each person understands their appeal rights and how to exercise those rights if they disagree with a service, eligibility determination, etc.

Conduct face to face visits in accordance with program requirements. The federally approved waiver plans for the CCB programs requires case managers have at least two face to face contacts with each person within the year, and Minnesota Rule 9525.0024 further requires DD case managers conduct a monitoring visit on at least a semiannual basis. Overall, nine percent of the individuals reviewed across all programs were not visited within the required timeframes. Sixteen of 96 DD cases were not visited every six months. Twelve of 88 CADI cases, 40% of CAC cases, and three of 43 BI cases did not have visits that met their individual programmatic requirements. Face to face visits allow provide case managers with an opportunity to build relationships and monitor each person's health and safety.

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 to develop emergency back-up plans to address unexpected events. Overall, 34% of cases reviewed across all programs did not contain this information. Ninety-two of 96 DD cases, 30 of 57 AC cases, three of 88 CADI cases and three of 89 EW cases did not have a current and complete back-up plan. This is required for all programs to ensure health and safety needs are met in the event of an emergency. 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 provide care.

Ensure that current DD screening documents are signed and dated by all required parties. Minnesota Rule 9525 requires that the DD screening document be signed by the person, the person's case manager, the legal representative, if any, and a qualified developmental disability professional. Of 96 DD files reviewed, 15 were not signed by all parties. The DD screening document confirms each person's assessed needs as well as their acknowledgment that they were given a choice of services.

Required remediation

Findings indicate that some case files do not contain all required documentation. St. Louis 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 is due to DHS on 1/11/2016.

- **Case File Compliance Worksheet:** 191 of 378 cases reviewed require remediation.
- **Jensen Compliance Worksheet:** All cases reviewed require remediation.
- **Positive Support Transition Plan Compliance Worksheet.** 13 of 23 cases reviewed require remediation.
- **Non-Enrolled Vendors Compliance Worksheet.** All cases reviewed require remediation.

Appendix A – Case file results dashboard

Required Items	Total	AC	EW	CAC	CADI	BI	DD
Cases in each program are compliant with case management visit requirements .	92%	100%	100%	60%	86%	93%	84%
The support plan is current.	95%	97%	100%	100%	97%	95%	87%
The person signed the current Support Plan .	92%	97%	98%	100%	89%	95%	83%
Person acknowledges choice in services, providers, etc.	92%	95%	96%	100%	86%	95%	89%
A person's outcomes and goals are documented in the support plan.	96%	97%	99%	100%	99%	100%	86%
A person's needs are documented in the support plan.	96%	98%	100%	100%	97%	100%	87%
A person's health and safety concerns are documented in their support plan.	96%	98%	100%	100%	98%	100%	87%
The services a person is receiving are documented in the support plan.	96%	98%	100%	100%	98%	100%	87%
Service details are included in the support plan (frequency, type, cost, & name).	70%	95%	99%	80%	86%	98%	25
Information on competitive employment opportunities has been provided annually.	96%	N/A	N/A	100%	94%	97%	99%
An emergency back-up plan has been completed within the last year.	66%	47%	97%	100%	97%	100%	4%
Assessment is current .	97%	100%	100%	100%	99%	100%	100%
Supplemental Form for Assessment of Children Under 18 (DHS-3428C) is completed at the time of assessment.	29%	N/A	N/A	0%	60%	N/A	N/A
Timelines between assessment and support plan have been met.	93%	95%	97%	100%	90%	93%	N/A
OBRA Level One Screening form is completed.	98%	100%	99%	100%	99%	100%	N/A
A current AC Program Eligibility Worksheet is completed annually.	100%	100%	N/A	N/A	N/A	N/A	N/A

Required Items	Total	AC	EW	CAC	CADI	BI	DD
A Release of Information to share private information is signed by the person annually.	93%	97%	96%	100%	97%	100%	88%
Documentation that a person received Right to Appeal information in the last year.	91%	100%	96%	80%	91%	95%	81%
Documentation that a person received a Notice of Privacy Practices/HIPAA in the last year.	90%	100%	96%	100%	90%	95%	77%
Application for Title XIX HCBS Waiver Services is completed annually	7%	N/A	N/A	0%	19%	12%	2%
BI Waiver Assessment and Eligibility Determination form) is completed annually.	86%	N/A	N/A	N/A	N/A	86%	N/A
CAC Application or Request for Physician Certification of Level of Care is completed annually.	80%	N/A	N/A	80%	N/A	N/A	N/A
DD screening document is signed/dated by all required parties.	84%	N/A	N/A	N/A	N/A	N/A	84%
ICF/DD Level of Care is completed within the last year.	82%	N/A	N/A	N/A	N/A	N/A	82%
ICF/DD Related Conditions Checklist is completed annually for a person with a related condition.	83%	N/A	N/A	N/A	N/A	N/A	83%
Documents are signed correctly when a person has a public guardian .	100%	100%	100%	100%	100%	100%	100%

Appendix B – Quality indicators dashboard

The evidence for these findings are found in a person’s support plans, case files, and case notes.

Items Reviewed	Total	AC	EW	CAC	CADI	BI	DD
A person’s dreams are discussed in support plan.	14%	9%	3%	0%	25%	30%	8%
A person’s behavioral/mental health issues are described in the support plan.	71%	60%	54%	0%	86%	79%	83%
A person’s medical health issues are described in the support plan.	89%	93%	91%	100%	91%	86%	84%
Support plan includes natural supports .	53%	12%	7%	20%	77%	77%	68%
Support plan has sufficient details about what is important to the person.	56%	42%	38%	60%	73%	70%	59%
The person’s satisfaction with services and supports is documented.	41%	32%	24%	40%	43%	58%	52%
Case manager documents a person’s issues or life events to better understand the situation.	79%	81%	66%	40%	80%	91%	85%
Support plan clearly reflects values and beliefs of person centered planning.	55%	40%	42%	0%	67%	60%	64%
Support plan identifies and has a plan to reduce personal risks .	74%	61%	71%	80%	75%	65%	85%
Support plan is written in plain language .	90%	91%	83%	80%	99%	95%	84%
The type of preferred work activities are identified in the support plan.	58%	N/A	N/A	0%	64%	58%	55%
The type of preferred living setting is identified in the support plan.	47%	49%	51%	0%	68%	40%	28%
Support plan identifies who is responsible for monitoring implementation of the plan.	38%	39%	65%	0%	9%	9%	54%
Support plan includes a person’s strengths in the support plan.	73%	40%	60%	40%	94%	90%	78%