

FAQ: Lead Agency Review (LAR)

The Department of Human Services (DHS) developed the Home and Community-Based Services (HCBS) Lead Agency Review (LAR) process to evaluate how these programs operate and meet the needs of the individuals they serve. This evaluation helps DHS ensure that counties and tribal nations comply with requirements for administering HCBS programs, assess performance on key measures and outcomes, and identify best practices that promote collaboration among lead agencies. This document includes responses to frequently asked questions received by the DHS LAR team.

Pre-Review

Who is reviewed and how frequently does a review happen?

Any lead agency (county or tribal nation) that administers Home and Community Based Services (HCBS) waiver programs. Each lead agency will be reviewed approximately every 3 to 4 years (referred to as “round”). The 5th Round of reviews launched in the spring of 2024.

How can I find out when my Lead Agency will be reviewed?

The lead agency review team posts a tentative schedule by year on the project website: [Round Five Lead Agency Review Schedule / Minnesota Department of Human Services \(mn.gov\)](#).

When will my agency be notified of a scheduled review?

Lead agencies are notified 60-90 days prior to the scheduled Lead Agency Review. The review process is meant to be collaborative in nature, as outlined by the LAR Foundational Principles.

Review

Will the review be done completely remote?

Effective 10/1/2024, the LAR team will be conducting lead agency reviews remotely. Meetings will be conducted in a virtual format using Microsoft teams. Documents for review will be shared with DHS via Axway, a secure file transport system.

What kind of data does the Lead Agency Review Team share as part of the LAR process?

The LAR Team shares annual Long-term Services and Supports (LTSS) data as part of the review, to evaluate Lead Agency performance with key outcome measures. Some of these dashboards and data are currently available to the public and can be found on the [DHS partners and providers page](#) as well as the [Reports](#) section of the LAR Website.

Which required case manager training(s) are monitored through attestation?

In Round 5, the Lead Agency Review (LAR) Survey will include training assurances to be completed by a designated representative of the lead agency. The attestation assures all disability waiver case managers, including those employed by this lead agency and employed by private case management agencies under contract with this lead agency, have completed the required training. The attestations will cover these four trainings:

1. Supporting my move: A case manager's role and responsibilities in supporting a person to find a new home (Available on TrainLink)
2. Getting to work: A case manager's guide to support individuals to build and fulfill their vision for work (Available on TrainLink)
3. Informed choice: Disability Waiver Case Manager Training (Available on TrainLink)
4. Annual 20-hour Disability Waiver Case Manager Training Requirement

If these trainings have not been completed by all case managers, the lead agency will have 60 days to remediate by ensuring that all case managers complete the required trainings. Lead agencies will not be required to remediate a training if their review occurs before the training is released. However, the lead agency is still expected to ensure all case managers complete the training by the established due date.

I was asked to be a part of a focus group, what does that involve?

The purpose of the case manager and assessor focus group is to discuss trends, barriers and opportunities within the community and explore policy practices and protocols. Focus group details including agenda and materials will be sent out via email prior to the scheduled focus group. Additionally, prior to the focus group, participants will be asked to submit responses to questions via Padlet, an online message board platform. This helps to initiate and guide the conversation during the focus group.

Our staff would like to learn more about the LAR process and have questions, who should we contact?

The LAR Team looks forward to opportunities to work with Lead Agencies to prepare for a review whenever possible. We suggest lead agencies reach out to their Regional Resource Specialists to inquire about LAR presenting at a Community of Practice or regional meetings near them. This allows LAR to meet with multiple lead agencies at once and maximize the opportunity for questions by lead agency staff. In addition, we welcome any questions via our LAR email at dhs.leadagencyreviewteam@state.mn.us

Case File Review

Are the cases reviewed by the LAR team a surprise?

The lead agency review (LAR) team utilizes a random sampling strategy that includes 10% of cases by program; 10 cases; or all cases if there are less than 10 in a program – whichever is largest. For the largest few lead agencies, a sample size that reaches 95% +/- 10% significance is used. The LAR team sends a list of the cases that will be reviewed to the lead agency primary contact approximately 30 days prior to the review.

What will the LAR Team be reviewing in case files?

Case file review identifies compliance with program requirements for CAC, CADI, BI, DD, EW (MCO and FFS) and AC programs, assessing the quality and consistency of assessment and support planning by the lead agency. You can see the list of items that are reviewed by the LAR team by visiting the LAR project website and finding the case file review protocol.

What time period does the LAR Team review when looking at case files?

When the LAR team is reviewing case files, evaluators look at the previous 18 months of case notes, the most current assessment, and the current active support plan that correlates with the current assessment.

What does the LAR Team mean by Support Plan?

The support plan refers to the signed and dated MnCHOICES Support Plan. When an individual is receiving CDCS an approved CDCS Plan may be considered part of the support plan for some of the person-centered measures.

Does the LAR Team review Provider Support Plan Addendums?

No, the LAR team does not review provider addendums or documentation of any kind. The LAR project's purpose is to review and monitor Lead Agencies, which does not include provider requirements.

What is LAR looking for in the Emergency Backup plan

Prior to April 2, 2026, the LAR team will review case files for documentation identifying an emergency contact and outlining plans for emergency medical care, provider no-shows, or weather-related situations, or documentation of the person's refusal to develop such a plan.

Effective April 2, 2026 and thereafter, the backup plan is a required element of the support plan. It must address the following sections, or **each** section must document the persons refusal to develop a plan:

- **My Backup Plan:** there is a description of the backup plan in the event a provider no-show, and/or in the event a provider does not have staff to meet the person's assessed needs.
- **Community-Wide Disaster Plan:** there is a description of the person's plan in the event of a community wide disaster (e.g., flood, tornado, blizzard).
- **My Plan In An Emergency:** at least one of the following is selected: call 911, Call emergency contact, use emergency response monitoring system or other.
- **If I'm not able to evacuate on my own, I will:** there is a description of the person's plan if they are not able to evacuate.

Indicating "not needed", "NA" or "does not require a 24-hour plan of care" will **not** meet compliance.

When the LAR team is looking for a dream statement, does it have to have the word "Dream"?

No, the word "Dream" is not required to be used in a dream statement. The dream statement is required to be

evidenced in the support plan. LAR is looking for a statement about the person's dreams, aspirations or long-term priorities that is future oriented. If the individual is non-verbal or otherwise unable to articulate a dream statement, it is appropriate to ask the guardian/family/caregiver, but the dream statement must be from the individual's perspective. For example, "The guardian thinks they would like _____" is compliant and "The guardian would like _____ for them" is non-compliant.

What is considered to be a strength?

Specific positive behaviors, attributes, skills, gifts, and strengths about the person are described. This should be tied back to a description about the person such as "skilled cook" vs "loves to cook" or "Able to maintain strong relationships" vs "Having a supportive family".

When the LAR team is looking for "Rituals & Routines", what information is LAR looking for?

LAR team is looking for a statement regarding regularly scheduled activities, daily preferences, or preferred routines. This information must include when the ritual/routine occurs such as daily, weekly, nightly, etc.

Examples of meeting this measure would be: "... prefers to watch wheel of fortune weeknights" "...prefers to shower in the evenings", "...enjoys a cup of coffee first thing in the morning".

What items are currently monitored by the LAR team?

The List of Items Reviewed document on the LAR project website provides an overview of which measures LAR is currently monitoring. Any measures indicated with an asterisk (*) must be found in the individual's support plan; this includes the monitoring statement.

What is the LAR team looking for in relation to "the monitoring statement"?

Here is an example of a monitoring statement that would meet compliance: "Case Manager will develop and implement the support plan, make referrals for services, coordinate services, monitor the plan and make updates as needed"

When the LAR team is looking for needs identified, what are they looking for?

Historically with our legacy support plan tools LAR required the specific assessed need to be documented in the support plan. With the roll out of MnCHOICES revision, we have shifted to requiring the **area of need** to be addressed in the support plan. For cases reviewed that have a legacy support plan (CSP/CSSP, Collaborative Care Plan) each specific assessed need should continue to be outlined within the support plan, avoiding phrases such as "all ADLs" or "total assistance".

What is the Timeliness Measure?

The support plan is required to be developed and sent to the person and or rep (if applicable) within 60 days of the assessment, eligibility update, or Initial assessment review (IAR).

What if I was unable to obtain the individual/guardian's signature for the support plan?

For Round 5, to more closely align with how the MCO's measure compliance, the LAR team has unbundled the

support plan signed and support plan developed measures. The support plan developed measures monitors if a support plan was developed within the required timeframe. The support plan signed measure monitors if the support plan is signed by all required parties: person, guardian (if applicable) and case manager/care coordinator).

Which provider signatures are the LAR team reviewing?

Prior to 8/1/26 the LAR team monitors compliance with provider signatures of HCBS providers the person has identified that they want to share their plan with. If provider signatures are not found the LAR team will review case notes or MnCHOICES Support Plan documentation to verify that at least 2 attempts to obtain signatures have occurred.

Effective 8/1/26 all providers responsible for delivering services under the support plan must sign the plan within 60 days of the Assessment, Reassessment, or Initial Assessment Review (IAR). If the lead agency uses service approval option(s) the lead agency must sign the support plan as the provider. The LAR team will monitor this updated requirement under a newly developed measure- **Support Plan Completed** which requires that the full Support plan be: distributed, signed and dated by the person or legal rep (if applicable), case manager, all providers responsible for delivering services under the plan, within 60 days of the Assessment, Reassessment, or Initial Assessment Review (IAR).

What are the signature requirements in general?

Acceptable signatures include electronic or e-signature within the MnCHOICES application, e-signature using a document signing platform such as DocuSign, handwritten signature, or signature stamp. Typed signatures alone will not meet compliance standards unless they can be authenticated. If using typed signatures or an X as an accommodation for someone who has difficulty with signing their name, it should be authenticated by having a witness sign to vouch for its authenticity or documentation that the person is unable to sign and uses accommodation. Support plan signatures should be obtained after the assessment, obtaining support plan signatures prior to the assessment may result in non-compliance.

Do I need to use the person's name in the support plan?

Although the LAR team does not currently monitor the use of the individual's name, referring to the person as "client", "participant", "member" etc. does not align with people-first language and should be avoided.

An area that is measured includes the use of plain language. As defined, Plain Language is a communication which an audience can understand the first time they read or hear it, providing Minnesotans with better services by reducing confusion, saving time, and improving satisfaction. To achieve that, the following steps must be taken:

- Use language commonly understood by the public.
- Write in short and complete sentences.
- Present information in a format that is easy-to-find and easy-to-understand.
- Clearly state directions and deadlines to the audience.
- Avoid the use of acronyms unless you spell it out first. For example, "John lives in a Community Residential Service (CRS) program. His CRS staff will..."

Do the goals in a support plan need to be SMART? Do they need to match the providers?

No. The LAR team monitors that the person's preferred outcomes, goals, and skills are documented in the support plan. The goals do not need to be attainable per se and are not required to match the goals outlined by providers.

Post-Review

Where can I find the final reports for previous Lead Agency Reviews?

Reports from [previous Lead Agency Reviews](#), including summary reports from the entire review can be found on the LAR project website in the findings section.

What is remediation?

While corrective actions are at a program level, remediation occurs at the case file level. When a case file is reviewed and found to be missing information, DHS requires lead agency staff to correct and amend case files to meet all monitored compliance measures. Lead agency staff are given 60 days from the end of the lead agency review to complete remediation. Lead agency supervisors, directors or managers are then asked to verify that the remediation is complete and notify DHS on what date the remediation took place. DHS provides this information to the Centers for Medicaid and Medicare when renewing waiver plans to show an overall culture of compliance.

What is a corrective action plan and what is the timeline for completion?

Corrective actions are required when evidence of repeated non-compliance is determined through the case file review process. Corrective actions are issued to lead agencies and are programmatic rather than action needed on individual case files. Once a lead agency has received the final Lead Agency Review report for their review, lead agencies have 10 days to submit a Corrective Action Plan (CAP) to DHS. Lead agency's CAP must sufficiently address each of the corrective actions issued in the report, including their plan to address each issue systemically with their staff. If a CAP is required, a template will be provided.