



# Bulletin

**NUMBER**

#16-56-03

**DATE**

May 25, 2016

**OF INTEREST TO**

Lead agencies

Tribal health directors

Social services supervisors  
and staff

Public health supervisors  
and staff

Mental health supervisors  
and staff

Case managers

Other interested parties

**ACTION/DUE DATE**

Please read information  
and prepare for  
implementation

Timeline varies for  
different groups

**EXPIRATION DATE**

May 25, 2018

## Lead Agency Requirements for Person-Centered Principles and Practices – Part 3

**TOPIC**

State protocols for monitoring lead agency compliance with requirements outlined in the Person-Centered, Informed Choice and Transition Protocol.

**PURPOSE**

To provide information to interested stakeholders about DHS protocols for monitoring lead agency compliance with the Person-Centered, Informed Choice and Transition Protocol.

**CONTACT**

Send questions to [DSD.ResponseCenter@state.mn.us](mailto:DSD.ResponseCenter@state.mn.us)

**SIGNED**

CHARLES E. JOHNSON  
Deputy Commissioner  
Minnesota Department of Human Services

**TERMINOLOGY NOTICE**

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

## I. Compliance review

Recent federal, state and court-ordered requirements put person-centered principles at the forefront of service delivery in Minnesota. To help with the change to person-centered practices, the Minnesota Department of Human Services (DHS) has issued a series of bulletins on the topic. This is the third in that series.

This bulletin describes the processes DHS will use to monitor how lead-agencies (counties, tribal organizations and managed care organizations) follow the requirements of the [Person-Centered, Informed Choice and Transition Protocol \(PDF\)](#).

NOTE: We will refer to this document as the “protocol” or the “person-centered protocol” in the rest of the document.

### A. Other bulletins in the series

- [#16-56-01 \(PDF\)](#): Identifies the federal, state and court-ordered requirements for person-centered principles and practices (issued Feb. 11, 2016).
- [#16-56-02 \(PDF\)](#): Provides information about lead-agency requirements to use person-centered practices and introduces the Person-Centered, Informed Choice and Transition Protocol (PDF) (issued March 4, 2016)

### B. Clarification in the person-centered protocol

Page five of the [Person-Centered, Informed Choice and Transition protocol \(PDF\)](#) (in the section "Who are the responsible parties?") identifies various job titles of people who typically do support planning. That section indicates they all are responsible for following the protocol.

Lead agencies are responsible to ensure each person has a support plan that includes all the elements required in the protocol. Non-lead agency support planners will have a role in planning and contribute to the support plan.

Lead agencies should coordinate with other planners to build on any existing person-centered planning that already has been done. As long as it is still accurate and included in the plan, the lead agency staff does not need to repeat that process.

Anoka Metro Regional Treatment Center, Minnesota Security Hospital and Minnesota Life Bridge will follow protocols and coordinate with lead agencies so people who move to the community have a single plan that adheres to the protocol.

## II. Monitoring processes

Lead agency staff who provide service planning must use the person-centered protocol when serving:

- Adults 65 years and older who use long-term services and supports
- People of any age who receive mental health services
- People of any age who have disabilities.

To monitor lead agency compliance with the requirements of person-centered practices in the protocol, DHS will monitor the following with three separate processes:

- Waiver and Alternative Care (AC)
- Elderly Waiver through managed care organizations
- Mental health services.

Initially, DHS will only monitor lead agency compliance for waiver services (including Elderly Waiver fee-for-service and county case-managed) and the Alternative Care program. Managed care organizations will monitor the managed care Elderly Waiver. DHS is working on the details for monitoring mental health services.

### A. Waivers and Alternative Care

The DHS [Home and Community-Based Services \(HCBS\) Lead Agency Review](#) team will monitor compliance for the following programs/services:

- Alternative Care program
- Disability waivers
- Elderly Waiver (fee-for-service and county case managed).

During this initial period of change toward person-centered requirements, the DHS review will focus on key areas of the person-centered protocol. Because DHS knows a complete transition to the protocol will take time, it created a list of items for lead agencies to use as a starting point. That list is the [Lead Agency Review-Case File Review Protocols \(PDF\)](#). (We will refer to this as the “lead agency review protocols” in the rest of this document).

### Timeline

Starting in July 2016, the HCBS Lead Agency Review team will begin to monitor compliance with the lead agency review protocols (not the full person-centered protocol). Between July 2016 and March 2017, the review team will provide feedback to the lead agencies.

In April 2017, DHS will begin to take corrective action and require individual remediation when lead agencies do not comply with the lead agency review protocol.

## The process

The HCBS Lead Agency Review team already prioritizes person-centered practices, but will increase its efforts. (For more information on review team activities and lead agency requirements, visit the [DHS Lead Agency Review website](#) and look under the “What’s New” section for the documents and processes mentioned below.)

In addition to activities already in place, it will add areas of review going forward. Those areas are:

### **1. Case manager and assessor pre-visit survey**

*(Existing process, little or no change)*

Before the Lead Agency Review team visits a lead agency, it sends a survey to case managers. The survey asks about person-centered planning and practices and helps the team gather information and prepare for the site visit.

### **2. Provider survey**

*(Existing process, little or no change)*

As a part of its pre-site visit activities, the Lead Agency Review team sends an online survey to home and community-based service providers. The survey provides constructive feedback from the providers’ perspective on the lead agency’s performance across a variety of topics, including person-centered practices, responsiveness and service development.

### **3. Person-centered assessment tool**

*(Existing process, little or no change)*

As part of the onsite visit, the review team staff asks a series of questions to assess how well the lead agency incorporates person-centered practices.

### **4. Case file review**

*(Existing process updated)*

While onsite, the DHS team reviews a random sample of case files for each waiver program:

- Alternative Care (AC)
- Brain Injury (BI)
- Community Access for Disability Inclusion (CADI)
- Community Alternative Care (CAC)
- Developmental Disabilities (DD)
- Elderly Waiver (EW)

They will also draw separate samples for:

- Jensen Settlement class members

- People required to have a [Positive Support Transition Plan \(PSTP\), DHS-6810 \(PDF\)](#). (Providers must use a PSTP when there are three incidents of emergency use of manual restraints within 90 days or four incidents within 180 days.)

In July 2016, the case file review processes also will include person-centered items. Lead agencies will have to meet additional Olmstead reporting and CMS HCBS settings rule requirements. The team also will review an additional sample of people who are transitioning from one residential setting to another.

### **5. HCBS quality assurance plan**

*(Existing process updated)*

Currently, as a part of pre-visit activities, each lead agency completes an online self-assessment. The assessment currently contains some person-centered questions, but there will be some additional items added in July 2016.

## **B. Elderly Waiver administered through managed care organizations**

Managed care organizations (MCOs) already conduct annual audits of all of their enrollees' care plans, including people on the Elderly Waiver (EW). Starting in the spring of 2017, MCOs will review a random sample of 2016 care plans for EW enrollees for new person-centered requirements. This is in addition to DHS's monitoring of Elderly Waiver compliance, as mentioned above.

During this audit, MCOs will examine the plans for compliance with all assessment and care planning requirements. MCOs use their own protocol for this review, known as the care plan audit protocol. That protocol has updated criteria and data-collection tools that will apply to plans developed on or after July 1, 2016. This update reflects (or is similar to) the requirements of the lead agency review protocols mentioned in the [waivers and Alternative Care section](#).

### **Timeline**

Similar to the lead agency waiver and AC review process, MCOs will provide only feedback during the initial period of transition to person-centered practices. This is an "opportunity for improvement" for MCO care coordinators/case managers to determine how they are doing with the additional requirements.

Beginning in the spring of 2018, MCOs will issue corrective actions and individual remediation plans for care plans developed on or after Jan 1, 2017, that do not meet the care plan audit protocol for person-centered practices.

### **Reporting to DHS**

At the completion of each annual audit, MCOs will continue to report their findings to DHS.

## **C. Mental health services**

DHS will coordinate a technical assistance review process for Mental Health-Targeted Case Management to evaluate the lead agency's implementation of the person-centered protocol. DHS recognizes that person-centeredness is an important part of recovery and resiliency for children, families and adults who receive mental health services.

Lead agencies can use the person-centered protocol as a guide. To assess if Mental Health-Targeted Case Management includes a person-centered model, any mental health program consultant could either:

- Join the lead-agency review as described in the [waivers and AC section](#) above
- Select a lead agency representative to participate in the review process (with an eye toward mental health services).

## **III. Expectations for lead agencies**

DHS expects lead agencies to already have started to implement the protocol as directed in the March 4, 2016 bulletin ([#16-56-02, PDF](#)). Lead agencies should follow the protocol for each person as they either develop or update the plan.

We know there will be a period of learning and a need for technical assistance before everyone is able to apply the protocol successfully. That is the reason for the one-year period of transition before DHS requires remediation or corrective action. Remediation processes will begin in April 2017.

Lead agencies should begin to implement efforts in this area immediately, however. When serving people with disabilities, people who receive mental health services and adults older than 65 years old, DHS expects agencies to demonstrate their plans to:

- Train staff
- Assure quality in delivering person-centered services.

## **IV. Training and technical assistance for lead agencies**

In order to transition to person-centered practices, lead agencies will have to shift away from the current service-delivery model. To achieve that, lead agencies will have to:

- Build on existing good practices
- Develop new perspectives, skills and relationships.

This type of change isn't easy. It requires short- and long-term planning of resources. DHS encourages lead agencies to:

1. Assess their current capacity to meet the person-centered requirements.
2. Develop plans to improve person-centered service delivery and increase capacity/skill.

## DHS resources

To help, DHS provides training and technical assistance through various channels. Lead agencies should take advantage of these opportunities, as well as seek out other options, such as offsite training or conferences that meet the need.

DHS offers the following resources for training and technical assistance:

### **Support Planning Professionals Learning Community**

The Support Planning Professionals Learning Community is a resource for support planning professionals to learn about person-centered practices and how to put them to use in their everyday work. For more information about upcoming sessions and other trainings go to the [Disability Services Division trainings news and information page](#). The [training archive page](#) has archived presentations, recordings and handouts from previous sessions.

### **University of Minnesota person-centered training**

The University of Minnesota's Institute on Community Integration, in partnership with DHS, offers training on person-centered thinking and planning. There are three separate training topics, depending on role or level of interaction with people with disabilities. For more information on training content, dates and locations, visit the [DHS person-centered training page](#). To register for classes, go to the [University of Minnesota's person-centered training website](#).

### **Future training**

As more trainings are available, DHS will send out information on its lead agency and/or stakeholder eLists. To subscribe, go to the [DHS manage subscriptions page](#) and select Disability Services Division when prompted.

### **Contact DHS directly**

For situation-specific technical assistance, contact the DSD Response Center at [DSD.ResponseCenter@state.mn.us](mailto:DSD.ResponseCenter@state.mn.us).

## V. Resources

For more information on the transition to person-centered practices, go to:

- [Person-Centered, Informed Choice and Transition Protocol \(PDF\)](#)
- [DHS HCBS Lead Agency Review website](#)
- [HCBS Quality Improvement page](#)
- [Positive Supports Resource Manual \(PDF\)](#)

DHS is in the process of developing web content for person-centered practices. Please check the [DSD news and events page](#) often for updates.

## **VI. Legal authority**

[Minnesota Statutes, section 256.01](#) authorizes the commissioner of DHS to require lead agencies to comply with state statutes and rules, federal laws, regulations, and policies that govern services. That includes the requirement for participation in training and technical assistance, and complying with reporting requirements. Federal law, such as the HCBS Rule, requires implementation of person-centered planning.

## **VII. Americans with Disabilities Act (ADA) Advisory**

This information is available in accessible formats for people with disabilities by calling 651-431-4300 or toll free at 866-267-7655 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.