Introducing MnCHOICES Team

Amy Alexander - MnCHOICES Policy
Beth Siewert - MnCHOICES Policy
Denise Hauge - MnCHOICES Communication
Teresa vanderBent - MnCHOICES Training
Housekeeping

- All participants are muted
- Do submit technical issues
  - Use the WebEx Q&A panel
- Operator assisted call
- Submit questions through web-ex
MMA agenda

- Welcome
- MnCHOICES Updates
- Lead Agency Review
- Break
- MnSP Example Plan review
**Date:** Friday, March 8

**Time:** 5 to 5:30 p.m.

**Instructions:** Assessments do not need to be checked back in

**Purpose:** Correct the issue of MnA checking the Shared Master Index (SMI) database for state search on the Person Search screen.

**Reminder:** Outage Schedule

MnCHOICES County Link

Mentors Page

Outages heading

2018-2019 Release and Outage Schedule
Practice guidance:

Use the eligibility update to lengthen the time the assessment is valid
1. MnSP currently has four servers, 2 of the 4 are shared with other systems

2. MnSP is moving from 4 servers to 6 servers
   • 2 servers will be added
   • Also no longer will MnSP share servers (2) with other systems
   • MnSP will have a total of 6 servers dedicated to MnSP
   • Timing: Approx. March 2019

2. Automated testing is occurring: Purpose is to look for a bug or defect that might be causing slowness
Date: March 22, 2019

Fixing these issues:

• **Agreement total cost does not match the total cost of all services**: caused in a CSSP – Service line when a user x’s out of the edit service screen after calculating a service and saving.

• **Personal support service lines** do not display on old plans which are marked closed or complete and the **get rate button is inactive** so users cannot see the historic rate or banding outcomes.

• **Question 14 in a Person’s evaluation of the CSSP** displays blank after saving. This occurs when a user chooses an option and the Specify text box is not populated.
Open or Completed LTSS Evaluations should be auto-closed 14 months after creation

• However, there is a defect in the logic for auto-close on evaluations.

• Instead of auto-closing 14 months after creation of the evaluation, they are inadvertently being closed on the plan’s “To Date”.

• The correction will be included in the fix release being deployed to production on March 2, 2019.

LTSS Evaluation link is not displayed after a CSSP is Closed if the LTSS doc id less than the Support Plan Id.
Known Issues: Updates coming soon

MnA & MnSP Known Issues

- Revision date follows the title of the document
- NEW (DATE)
- Resolved
- Older resolved issues will be removed

Posted to MnCHOICES County Link HelpDesk page under Assessment and Support Plan headings
Agenda

• History & Purpose of the Lead Agency Review Project
• Overview of Lead Agency Review Process
• Round 3 (2015-2018) Summary of Reviews
• What to Expect in Round 4 (2019-2022)
• MnCHOICES Support Plan
• Q&A
The Lead Agency Review evaluation process began in 2006, and includes assuring compliance, a discussion of key performance measures, identifying best practices, and collecting feedback on DHS resources.

The goal of the Lead Agency Review is to determine how Minnesota’s Home and Community-Based Service (HCBS) programs are operating and meeting the needs of the people they serve.
Driven by Policy

Centers for Medicare and Medicaid Services (CMS)

The Olmstead Plan

Person Centered Informed Choice and Transition Protocol

Policy Changes
Lead Agency review is completed in 3 year cycles

On average a lead Agency can expect to be reviewed once every three years (with the exception of follow-up visits)

The review begins about 3 months before the visit and concludes about 3 months after the site visit.

There are 3 stages to a review: Pre-Visit, On-Site, and Post Visit
Pre-Visit Activities

The review process starts approx. 3 months prior to the onsite visit

- Kickoff teleconference with Lead Agency leadership
- Supervisor interview
- HCBS assurance plan
- Case manager and assessor survey
On-Site Activities: Case File Review

• During case file review we look at **10% of cases** within each waiver program (CAC, CADI, BI, DD, EW, and AC)

• A minimum of 10 case are reviewed per program

• Casefile review also includes a review of the following
  ✓ Jensen Settlement individuals
  ✓ Positive Support Transition Plans (PSTP)
  ✓ Transitions- My Move Plans
On-Site Activities: Meetings

**Entry Meeting**
- Directors, Managers, Supervisors, Coordinators, Planners

**Supervisor Meeting**
- Supervisors, Coordinators, Planners

**Exit Meeting**
- Directors, Managers, Supervisors, Coordinators, Planners

**Case manager and Assessor focus groups**
- Case Managers, Care Coordinators, Assessors, Case Aides
Post Visit Activities

**Remediation:**
- Non-compliant casefile items must be corrected

**Summary Report:**
- The review team will draft a final report

**Corrective action plan:**
- The lead agency will need to create a written plan to address areas of non compliance
Round 3: Overview

- August, 2015 – November, 2018
- 87 counties and 3 tribal nations
- Most significant mid-round change of all three rounds completed.
  - 51 Measures Reviewed July, 2016 – November, 2018
- Over 6,700 case files reviewed
- 1,332 Case Managers & Assessors Surveyed
Final results for case file review are grouped into 4 categories:

- Assessment and support planning
- Development of a plan using person centered planning elements
- Development of a plan using person centered recording keeping and documentation
- Employment*

*Not requiring corrective action planning at this time
Case File Review Results: Assessment & Support Planning

**99%**
- LTSS Assessment and Program Information/Signature Page is completed and signed annually

**98%**
- Documents are signed correctly when a person has a public guardian

**97%**
- A Release of Information to share private information is signed annually

**79%**
- Service details are included in the support plan (frequency, type, cost and name of provider)

**82%**
- The needs that were identified in the assessment/screening process are documented in the support plan

**82%**
- Natural supports and/or services are included in the support plan
Case File Review Results:  
Person Centered Planning Elements

Development of a plan using person centered planning elements:

• Statewide – 74%
  • This is an overall category that includes 12 specific measures.
  • To be compliant in this measure, a case file must be compliant on at least 9 of the 12 measures.
  • Corrective actions were not given on each individual measure, but on the category as a whole.
  • Overall improvement of incorporating person centered planning elements has been evidenced by plans reviewed in 2018 having, on average, two more compliant elements than plans reviewed in 2016.
Case File Review Results:
Person Centered Planning Elements – 12 measures

• The support plan includes details about what is important to the person
• The person’s strengths are included in the support plan
• The support plan describes goals or skills that are related to the person’s preferences.
• The support plan incorporates other health concerns; mental, chemical, chronic medical.
• The support plan includes a global statement about the person’s dreams and aspirations.
• The support plan identifies who is responsible for monitoring implementation of the plan.

• Action steps describing what needs to be done to achieve goals or skills are documented.
• The person’s current rituals and routines (quality, predictability, and preferences) are described.
• Social, leisure, or religious activities the person wants to participate in are described.
• The person’s preferred work activities are identified.
• The person’s preferred living setting is identified.
• Opportunities for choice in the current environment are described.
Development of a Plan that is Person Centered

- The support plan incorporates other health concerns: 92%
- The person’s preferred living setting is identified: 92%
- Social, leisure or religious activities the person wants to participate in are described: 88%
- The support plan includes a global dream statement about the person’s dreams and aspirations: 28%
- The person’s current rituals and routines are described: 63%
- The support plan identifies who is responsible for monitoring implementation of the plan: 68%
Case File Review Results: 
Person Centered Record Keeping

Development of a plan using person centered record keeping and documentation:

• Statewide – 48%
  • This is an overall category that includes 7 specific measures.
  • In order to be compliant, all 7 measures must be present in the case file.
  • Corrective actions were not given on each individual measure, but on the category as a whole.
  • Overall improvement of person centered record keeping has been evidenced by plans reviewed in 2018 having, on average, two and a half more compliant elements than plans reviewed in 2016.
Person Centered Record Keeping – 7 measures

- The support plan is written in plain language.
- The support plan records the alternative home and community-based services that were considered by the person.
- The support plan includes strategies for solving conflict or disagreement within the process.
- The support plan includes a method for the individual to request updates to the plan.
- The person's level of involvement in the planning process is described.
- Documentation that the plan was distributed to the individual.
- Documentation that the plan was distributed to other people involved.
## Person Centered Record Keeping

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>94%</strong></td>
<td>The person’s level of involvement in the planning process is described</td>
</tr>
<tr>
<td><strong>92%</strong></td>
<td>The support plan is written in plain language</td>
</tr>
<tr>
<td><strong>83%</strong></td>
<td>There is documentation the plan was distributed to the individual</td>
</tr>
<tr>
<td><strong>73%</strong></td>
<td>The support plan includes a method for the individual to request updates to the plan</td>
</tr>
<tr>
<td><strong>73%</strong></td>
<td>The support plan includes strategies for solving conflict or disagreement within the process</td>
</tr>
<tr>
<td><strong>75%</strong></td>
<td>The support plan records the alternative home and community-based services that were considered by the person</td>
</tr>
</tbody>
</table>
Case File Review Results: Employment Measures

**Individuals 16-64 years old**
Not requiring corrective action planning at this time

- **98%** Information on competitive employment opportunities is provided annually
- **93%** A decision about employment has been documented
- **86%** The person was provided information to make an informed decision about employment
- **76%** The person was offered experiences to help them make an informed decision about employment
Case File Review Results: Additional Samples

**Jensen Settlement Members**
128 Cases Reviewed
- **88%** of individuals had a formal Person Centered Plan created or reviewed in the last 365 days.

**Positive Support Transition Plans**
145 Cases Reviewed
- **43%** of cases reviewed had a completed PSTP, including appropriate reviews.

**Transition (Move) Planning**
109 Cases Reviewed
- **77%** of cases reviewed had a completed My Move Plan Summary, or indication the move was unknown to the case manager or the individual denied planning.
Round 4: What to expect in 2019-2022

Data Sharing & Collecting
- Annual Long Term Care Data
- Lead Agency Staff
- External Partners

On-Site Visit
- Average Visit 4 Days
- Case File Review
- Face to Face Meetings

Follow-Up & Reporting
- Remediation and Corrective Action Planning
- Sharing Best Practices and feedback
- External Reporting
MinnesotaHCBS.info

- Announcements
- Tentative Schedule
- Protocols
- List of Items Reviewed
- Findings – Lead Agency Reports
- DHS.Leadagencyrevievewteam@state.mn.us
Round Four: Case File Review

New Measures added for Round 4: 0

Measures being reviewed during Round 4: 43

Measures if the individual has moved: 13

Areas that are being reviewed:
- Assessment & Support Planning
- Development of a Plan that is Person Centered
- Support Plan Record Keeping
- Transition*
## Development of a Plan that is Person Centered

The support plan must reflect nine of the twelve high impact elements described in the development of a person centered plan according to *The Person Centered, Informed Choice and Transition Protocol* (DHS-3825) and included below. Items indicated with an asterisk (*) must be evidenced in a current support plan.

<table>
<thead>
<tr>
<th>Measurement</th>
<th>CAC</th>
<th>CADI</th>
<th>BI</th>
<th>DD</th>
<th>EW</th>
<th>AC</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td></td>
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</tr>
<tr>
<td><em>The support plan includes details about what is important to the person.</em></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>26</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><em>The person’s strengths are included in the support plan.</em></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>27</td>
<td></td>
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<tr>
<td><em>The support plan describes outcomes and goals as related to the person’s preferences.</em></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>28</td>
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<tr>
<td><em>The support plan includes a global statement about the person’s dreams, hopes, or aspirations.</em></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>29</td>
<td></td>
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</tr>
<tr>
<td><em>The support plan incorporates other health concerns (e.g. mental health, physical health, drug/alcohol conditions, etc.)</em></td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>
If it must be evidenced in the Support Plan

It can be found **ANYWHERE** in the Support Plan
Support Planning

1. Support Plan is the CSP, CSSP, and Signature Page
   Or Collaborative Care Plan

21. Twenty-one measures must be found in the Support Plan

60 to 100. Average amount of support plans we might review during a visit
LAR Answers
pre-submitted questions
Break: 3:05 to 3:15 p.m.

It’s Time For A Break

Minnesota Department of Human Services  mn.gov/dhs
MnCHOICES CountyLink: Plan examples

- Example CSP & CSSP: CADI Waiver
- Example CSP & CSSP: DD Waiver
10. A support plan that was completed in the last year including being signed by all required parties.

*Compliant if* Signed and dated by individual (if possible) and guardian (if necessary). Needs one or the other based on guardianship status.

- DHS-6791D

- Look for a guardian signature based on MMIS Data of guardianship status
Other measures met by a complete CSSP Signature Page

• 15. Acknowledgment of choice in providers and services.

• 20. Provider Signatures.

• 38. Record of alternative HCBS services offered to the person.

• 39. Strategies for solving conflict.

• 40. Method for the individual to request updates.

Compliant if Radial is selected, and there is a signature and date.

Or

The measure is described.

• 4. Evidence of Appeal Rights.

• 41. Person’s level of involvement in the planning process.
37. The support plan is written in plain language. The plan does not contain acronyms or medical jargon and does not refer to the person as “client” or “member”.

**Compliant if** there is very few acronyms or medical jargon.

Most common jargon to avoid:
- ADLs/IADLs
- Diagnosis Codes with no description
- Acronyms for services: HM, SNV, MOW
26. The person’s strengths are included in the support plan.

**Compliant if** there is a description of at least one strength of the individual in the support plan.

- What do you and others like and admire about the individual?

Support Plan Examples:

- CADI CSP – Pg. 1
- DD CSP – Pg. 1
General Plan Notes:

Delford is an easy-going guy who is kind to others. He is motivated to make a better life for himself. Delford enjoys many activities including weekly bible study, bowling, ice fishing, movies and Frisbee golf. Delford has many strengths including writing and a heart for service; he is a good communicator and has a strong work ethic. Delford likes to travel and would like to be involved in mission work. His dream vacation would be to go to Israel. He hopes to work with children in the future. It is important to Delford to maintain his sobriety as he has been sober for 7 months. Delford has a strong relationship with his sister Jaylen and her family; it is important to him to maintain these relationships.

Delford prefers to work with people who are patient and easy-going. He prefers when people allow him to work at his own pace and doesn’t like to be rushed.

Measure 26: DD Example – CSP – Page 1

Mohammed attends school during the week, where his favorite subjects are math and reading. He has an IEP that directs the supports he needs in problem solving, behavioral and social, and sensory needs related to his recent diagnosis of autism. Mohammed prefers to ride the school bus to and from school; consistency is important to him. Mohammed is a strong reader and reads books far above his grade level. Mohammed loves computers. He takes pride in problem solving computer related issues for his family and peers at school. Although he is not interested in work at this time, he would love to have a career in computers someday.
25. The support plan includes details about what is important to the person.

**Compliant if** there is a description of at least one thing that is important to the individual in the support plan.

- MnCHOICES Support Plan: What’s Important to the Individual
- MnCHOICES Assessment: What is important to the individual?

Support Plan Examples:
- CADI CSP – Pg. 1, 3, & 6
- CADI CSSP – Pg. 1, & 10
- DD CSP – Pg. 1, & 3-6
- DD CSSP – Pg. 1, & 10
Measure 25: DD Example – CSP – Page 3

**WHAT'S IMPORTANT TO THE INDIVIDUAL**

Goals related to how you want to live your life:

**Quality of Life:** Mohammed's family is really important to him. He likes his neighborhood and can't imagine moving from the area, but would eventually like to work with computers and have his own apartment. Mohammed wants to make friends at school and in his neighborhood.

**Activities of Daily Living:** Mohammed said that it is important to him that he is able to stay clean and not have accidents. It is important for him to be able to participate in activities, and have reminders before and after to pay attention to the needs of his body.

**Instrumental Activities of Daily Living:** Mohammed likes to be able to eat foods that he enjoys. He knows that taking his medications is important, and likes to have choice in how he takes them, typically with applesauce in the morning. He would like to learn how to use his phone and would like to carry some spending money.

**Health:** It is important to Mohammed and his family that he remain healthy. Mohammed would like to not be in pain and would like to figure out the source of his pain. It is important to Mohammed's family that his hypothyroidism be well monitored.

Measure 25: CADI Example – CSP – Page 3

**Sensory & Communication:** It is important to Delford to be able to read and participate in activities that he enjoys.

**Employment, Volunteering & Training:** Delford would like to work with children and engage in mission work.

**Housing & Environment:** Delford wants to live in a safe and supportive environment to help him maintain his sobriety. Delford wants to live near his sister and his church. Delford wants a calm living environment that promotes mental health stability.

**Self-Direction:** It is important to Delford that he direct his own services and choose the best supports for his needs.

**Caregiver:** It is important to Jaylen that Delford maintains his sobriety and lives in a home that is nearby and supports his sobriety. It is important to her that Delford continues being a part of his church and has access to his AA sponsor, ARMHS and ILS Workers.
16. The person’s outcomes and goals are documented in the person’s support plan AND
27. The support plan describes outcomes and goals as related to the person’s preferences.

16. **Compliant if** there is at least one goal or outcome.

27. **Compliant if** there is at least one goal or outcome related to the individual’s preferences.

- MnCHOICES Support Plan: Short and Long Term Goals
- Related to preference uses the information we know about the individual to have a meaningful goal, that can drive their support and services.

Support Plan Examples:

- CADI CSP – Pg. 4
- CADI CSSP – Pg. 3
- DD CSP – Pg. 4
- DD CSSP – Pg. 3
Measure 16: DD Example – CSP Page 4

At least one goal

Measure 27: DD Example – CSSP Page 3

Related to his preferences his “Important to”

**Short and Long-Term Goals**

<table>
<thead>
<tr>
<th>Goal Statement</th>
<th>Target Date</th>
<th>Provider &amp; NPI (if applicable)</th>
<th>Frequency of Reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohammed would like to go to the upcoming gaming convention with a friend.</td>
<td>01/31/2019</td>
<td>MAINSL SERVICES INC -- 1053687996</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mohammed would like to learn more about computers and his new phone.</td>
<td>10/31/2019</td>
<td>MAINSL SERVICES INC -- 1053687996</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mohammed would like to earn an allowance and carry some spending money.</td>
<td>11/29/2019</td>
<td>MAINSL SERVICES INC -- 1053687996</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mohammed would like to enroll in a community ed class on computer programming.</td>
<td>01/31/2019</td>
<td>MAINSL SERVICES INC -- 1053687996</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mohammed would like to be familiar with all the functions on his phone, including setting his alarm with music to help him get up in the morning.</td>
<td>10/31/2019</td>
<td>MAINSL SERVICES INC -- 1053687996</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mohammed would like to ask a friend to go with him to the gaming convention.</td>
<td>01/31/2019</td>
<td>THERAPEUTIC SERVICES AGENCY INC -- 1720666400</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Mohammed would like to earn an allowance by taking on additional chores such as vacuuming and dusting.</td>
<td>11/29/2019</td>
<td>MAINSL SERVICES INC -- 1053687996</td>
<td>Quarterly</td>
</tr>
</tbody>
</table>
28. The support plan includes a global statement about the person’s dreams, hopes, or aspirations.

**Compliant if** there is a description of at least one dream, hope, aspiration, vision.

- “Someday…”
- “I’d love to…”
- “I wish I could…”
- “I really miss…”

Support Plan Examples:
- CADI CSP – Pg. 1, 3
- DD CSP – Pg. 1, 3
A “Dream” statement

Does NOT need the word Dream in it!
General Plan Notes:

Delford is an easy-going guy who is kind to others. He is motivated to make a better life for himself. Delford enjoys many activities including weekly bible study, bowling, ice fishing, movies and Frisbee golf. Delford has many strengths including writing and a heart for service; he is a good communicator and has a strong work ethic. Delford likes to travel and would like to be involved in mission work. His dream vacation would be to go to Israel. He hopes to work with children in the future. It is important to Delford to maintain his sobriety as he has been sober for 7 months. Delford has a strong relationship with his sister Jaylen and her family; it is important to him to maintain these relationships.

General Plan Notes:

Mohammed is a 17 year old boy who lives at home with his parents and sister. He loves his neighborhood and his bedroom. Someday, he would like to have his own apartment in the same area.

Mohammed attends school during the week, where his favorite subjects are math and reading. He has an IEP that directs the supports he needs in problem solving, behavioral and social, and sensory needs related to his recent diagnosis of autism. Mohammed prefers to ride the school bus to and from school; consistency is important to him. Mohammed is a strong reader and reads books far above his grade level. Mohammed loves computers. He takes pride in problem solving computer related issues for his family and peers at school. Although he is not interested in work at this time, he would love to have a career in computers someday.

Mohammed enjoys playing video games, especially Minecraft. He would like to go to the gaming convention in Minneapolis this winter. Some day, he would like to experience Minecon, the national Minecraft convention. Mohammed looks forward to going to Game Stop every Wednesday after school with his dad, and choosing a game to rent or buy.
11. The needs that were identified in the assessment/screening process are documented in the support plan.

**Compliant if** the individual’s assessed needs (for every applicable domain) are described in the support plan.

- LAR looks for needs based on data entered into MMIS.
- Description of the need NOT of how the need is being met.
- MnCHOICES Support Plan: Summary of Needs
- MnCHOICES Assessment: Support Planning Implications

**Support Plan Examples:**

- CADI CSP – Pg. 6 & 7
- DD CSP – Pg. 5 & 6
Describe Need

**Personal Assistance:** Mohammed needs hands-on assistance with dressing, grooming, and bathing. He prefers his mom to help with these activities, but is cooperative with other caregivers. Mohammed needs cuing and reminders with toileting, particularly at school. Mohammed prefers reminders before and after activities. Mohammed needs supervision and cuing for eating and engaging in mealtime.

**Home Management:** Mohammed needs assistance with medication set up and administration. He prefers to take his medication in the morning, in applesauce. He needs someone to plan and make all his meals. Mohammed rides the school bus during the week, and his parents provide transportation to other events and appointments. Mohammed needs assistance with housework and shopping. He helps by taking out the garbage. He would like to earn an allowance and have some spending money.

How the need is met is important but is not necessary for compliance of measure 11.
12. The person’s health and safety concerns identified in the assessment/screening process are documented in the support plan. **AND**
29. The support plan incorporates other health concerns (e.g. mental health, chemical health, chronic medical conditions, etc.)

**12. Compliant if** at least one health OR safety need is described.

**29. Compliant if** concerns are described beyond primary health and safety needs.

- Description of the need NOT of how the need is being met.
- MnCHOICES Support Plan: Summary of Needs
- MnCHOICES Assessment: Support Planning Implications

**Support Plan Examples:**
- CADI CSP – Pg. 6 & 7
- CADI CSSP – Pg. 7, 9 & 11
- DD CSP – Pg. 5 & 6
- DD CSSP – Pg. 12
**Measure 12: DD Example – CSP Page 5**

Describes Safety

Cognitive and Behavior Supports: Mohammed needs redirection and cuing to maintain his safety and the safety of others when he is experiencing mental health symptoms. He also requires redirection to prevent isolation. Mohammed and his family are interested in exploring options to assist with positive reinforcemests and skill building. Mohammed needs support to maintain attention to his school work and practice decision making. Mohammed needs cuing and redirection both at school and at home, especially when working on homework. He needs help to retain skills and to transfer things he has learned at school to new settings. **Personal Security:** Mohammed needs support in decision making. He would like more opportunities to make his own choices; he learns best by watching others good decision making. Mohammed’s family values his safety and is selective about opportunities for him to practice decision making.

**Measure 12 and 29: CADI Example – CSP Page 6**

Describes Health Need

Health Related/Medical: Delford needs assistance with medication setup and reminders. He may need assistance with transportation to doctor appointments. Delford needs reminders to monitor his blood glucose. ILS helps to set up a daily reminder in his phone.

Cognitive and Behavior Supports: Delford needs assistance with cuing and redirection to address anxiety, isolation, mood regulation, withdrawal. Delford benefits from close monitoring of his suicidal thoughts, hallucinations, and impulsivity. Delford has a history of alcohol and marijuana use but has been sober for 7 months. Delford needs assistance with reminders and prompting, especially with multi-step tasks.

Describes Other Health Concerns
13. Risks are identified and addressed in the support plan.

**Compliant if description of at least one risk and a plan to reduce risk**

**OR**

**Note if there is no remaining risk**

• MnCHOICES Support Plan:  
  Risks: How will health and safety issues be addressed?

• MnCHOICES Assessment**: Personal Safety Section

Support Plan Examples:

- CADI CSP – Pg. 6 & 7
- CADI CSSP – Pg. 4, 7, 11 & 12
- DD CSP – Pg. 5 & 6
- DD CSSP – Pg. 12 & 13
Measure 13: CADI Example – CSP Page  and CSSP Page 4

What he is at risk of is described

How the risk will be addressed

RISKS
How will Health and Safety Issues be Addressed?
Delford is at risk for substance abuse when he does not have structure and good supports. Delford meets with his ARMHS worker weekly to develop and increase coping skills. Delford is attending AA weekly and keeps in touch with his sponsor.

What will the person do?
1. Delford will connect with his AA sponsor daily and will attend AA weekly.
2. Delford will identify areas where he needs coping strategies and will meet weekly with his ARMHS worker to develop and practice coping skills. Delford will share his highs and lows at his weekly ARMHS meetings.

What will others do?
Delford’s sister Jaylen will provide emotional and mental health support informally, weekly grocery shopping and transportation as needed.
Delford’s AA sponsor will provide support to assist in maintaining sobriety and provide emotional support.
The volunteer coordinator at Delford’s church will provide ongoing feedback and skill building related to his work at the daycare.
17. The services a person is receiving are documented in the support plan.
AND
18. Service details are included in the support plan. Service details include: provider name, type, frequency, and cost.

17. **Compliant if** there is at least one service described in the support plan.

18. **Compliant if** there is a Provider Name is documented for at least one service. AND Type of Service is documented for at least one service. AND Frequency of service is documented for at least one service. AND Cost of service is documented for at least one service.

- MnCHOICES Support Plan: Summary of Program and Services

**Support Plan Examples:**
- CADI CSSP – Pg. 6-11
- DD CSSP – Pg. 6-12
## Measure 17 & 18: CADI Example – CSSP Page 11

<table>
<thead>
<tr>
<th>Service Type &amp; Description</th>
<th>Service</th>
<th>Start Date</th>
<th>End Date</th>
<th>Procedure Code</th>
<th>Frequency</th>
<th>Units</th>
<th>Rate</th>
<th>Avg Monthly</th>
<th>Total Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent Living Skills Training 1:1 - 15 Minutes</td>
<td>H2032 TF</td>
<td>03/01/2018</td>
<td>03/28/2019</td>
<td>832</td>
<td>11.39</td>
<td>$789.71</td>
<td>$9,476.48</td>
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<td></td>
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</tbody>
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### Areas of Need
- Communications
- Home Management
- Supportive Services
- Self-Directed

### Support Instructions
Weekly sessions to teach Delford how to search for housing and how to set up tours for potential options. Delford would also like ILS to teach him how to navigate the expungement process. ILS will provide training and reminders for paying bills, budgeting, going through mail and paperwork, and staying organized. Delford prefers to meet on Tuesday's or Thursday's. He works best with people who are flexible and have a good sense of humor, and can motivate him when he is feeling anxious or struggling with mental health symptoms.

### Service Notes
Four hours per week of ILS services to develop, maintain and improve skills.
19. Natural supports and/or services are included in the support plan. Natural or informal supports include unpaid people in the person’s life, as well as activities available to everyone in the community.

**Compliant if** there is a description of the natural or informal supports in the support plan.

**OR**

**Not Applicable – Person does not have informal or natural supports**

- MnCHOICES Support Plan: Informal Caregivers
- MnCHOICES Assessment: Unpaid individuals who provide care and/or assistance to the person

Support Plan Examples:
- CADI CSP – Pg. 1, 3-7
** WHAT'S IMPORTANT TO THE INDIVIDUAL **

** Short and Long-Term Goals **

** What will the person do? **

** What will others do? **

** SUMMARY OF NEEDS **

---

** INFORMAL CAREGIVERS **

<table>
<thead>
<tr>
<th>Name</th>
<th>Caregiver Relationship</th>
<th>Lives with Person</th>
<th>Caregiver Role</th>
<th>Type of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jaylen Williams</td>
<td>Sibling</td>
<td>☐</td>
<td>Secondary Caregiver</td>
<td>ADLs, IADLs, Habilitation</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Community Access, Supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Social Interaction, Health &amp; Medical</td>
</tr>
</tbody>
</table>

** Notes/Comments **

Delford's sister Jaylen will provide emotional and mental health support, weekly grocery shopping and transportation as needed.
30. The support plan identifies who is responsible for monitoring implementation of the plan. Including the specific process of how often and by whom the plan will be monitored and reviewed.

**Compliant if** there is a description of who is responsible for monitoring the plan.

Support Plan Examples:
- CADI CSSP – Pg. 4, 7
- DD CSSP – Pg. 4, 7
Measure 30: DD Example – CSSP – Page 4 & 7

What will the case manager do?
Mohammed’s case manager will complete a referral to Mains’l and TSA for in-home family supports and specialist services. The case manager will provide them with necessary assessment and support planning information. Mohammed’s case manager will monitor ongoing supports and services and provide referrals or authorizations as needed. Case manager will provide monthly check-ins with Mohammed and his family via phone and will meet with them on a semi-annual basis.

Service Notes
200 units of case management per year; assist with coordination and monitoring of services and supports based on Mohammed's values, strengths, goals and needs.

Measure 30: CADI Example – CSSP – Page 4 & 7

What will the case manager do?
Delford’s CADI case manager will contact him monthly (and as needed) to review progress towards goals and assist with any needed referrals. When Delford chooses housing, his case manager will assist with transition planning including intake procedures and confirming service needs with providers.

Service Notes
200 CM units per year for coordinating and monitoring services and support with problem solving.
Questions
Lead Agency Review Thank You!

Liz Banini, Maggie Munson, & Sarah Jones

Dhs.leadagencyreviewteam@state.mn.us

Minnesotahcbs.info
If you registered to attend this meeting via TrainLink you will receive an email this afternoon to evaluate today’s MnCHOICES Mentor Alliance Meeting.

Evaluations remain open through March 20, 2019.