

### HCBS Lead Agency Review Case Manager and Assessor Survey

DHS is sending you this survey to help us prepare for your lead agency's upcoming site visit and Home and Community-Based Service (HCBS) review. This survey asks several questions about person centered planning and practices. To ensure a common understanding of this, please review [this document](#) prior to completing this survey. The survey should be completed by case managers and/or assessors working with the following programs:

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

**Person:** The person to whom services are being delivered, or the legal representative in cases where individuals are not able to make their own decisions or speak for themselves.

**Lead Agency:** A county, tribe or managed care organization responsible for administering HCBS programs.

**Support Plan:** The Community Support Plan (CSP), Coordinated Services and Supports Plan (CSSP), Individual Service Plan (ISP), Care Plan, etc.

**A summarized report will be provided to lead agency staff during the upcoming site visit. Specific survey responses will remain anonymous. However, overall results will be shared with lead agency staff in aggregate form.**

The survey must be completed using this online format.

Please contact the DHS Lead Agency Review Team at [dhs.leadagencyreviewteam@state.mn.us](mailto:dhs.leadagencyreviewteam@state.mn.us) with questions.

**Please provide the following information for the person completing this survey:**

1. Name of the Lead Agency

2. Please enter the first and last name of your supervisor.

3. Which type of agency best describes your employer?

- Contracted case management provider
- Lead Agency (county or tribal agency)

4. Which best describes your educational and/or professional training?

- Nurse
- Social Worker
- Other

5. Which of these HCBS programs do you work with? (Check all that apply.)

- CAC
- CADI
- BI
- DD
- EW
- AC

6. Which of the following best describes your job duties for HCBS long term services and supports?  
(Check all that apply)

- I conduct new assessments and/or reassessments (MnCHOICES or legacy documents)
- I perform ongoing case management
- None of these

7. FOR ASSESSORS ONLY: In a given month, approximately how many new/initial assessments do you complete?

8. FOR ASSESSORS ONLY: In a given month, approximately how many reassessments do you complete?

9. FOR CMs ONLY: What is the approximate size of your current HCBS caseload for persons receiving ongoing case management?

10. Since 2012, what training have you had regarding person-centered practices or planning? (Check all that apply)

- Training provided by my employing agency
- Training provided by an outside entity (e.g. Institute on Community Integration, DHS, ARC, etc.)
- None

11. Select your level of agreement with each statement.

	Never	Some of the time	Most of the time	Always
a. My agency directs me to use person-centered planning practices and tools.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My agency provides me with the resources and supports needed to provide person-centered supports and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. CMs ONLY: Think about the individuals you have conducted supporting planning with in the past few months. Which of the following are true? Check all that apply.

	I discuss this with the person during the annual reassessment process	I include this in the person's support plan	I check in with person and/or providers for regular updates
The person's strengths.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person's control over services and supports, including identifying the risks they choose to take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The goals to be achieved that are related to the person's preferences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The action steps team members can take to assist the person in achieving his/her goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The opportunities for making meaningful choices in the person's daily life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. CMs ONLY: Think about the individuals you have conducted supporting planning with in the past few months. Which of the following are true? Check all that apply.

	I discuss this with the person during the annual reassessment process	I include this in the person's support plan	I check in with person and/or providers for regular updates
The person's daily activities, rituals or routines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The person's dreams and wishes for the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where and with whom the person wants to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The type of work, school or retirement activities the person wants to engage in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The social, leisure or religious activities the person wants to engage in.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. CMs ONLY: Think about the support plans you have drafted in the past few months. Select your level of agreement with each statement.

The Support Plans I write for each person:

	Never	Some of the time	Most of the time	Always
a. Do not use jargon (e.g. abbreviations, acronyms, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Refer to the person by his/her preferred name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are written in a manner understandable to the person (e.g. appropriate reading level, preferred language, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Think about recent meetings you have had with people receiving or wanting long term services and supports. Select your level of agreement with each statement.

	Never	Some of the time	Most of the time	Always
When coordinating meetings regarding services, how often do you ask the person:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Who do they want to have attend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Where would they like the meeting to take place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. What day or time would they prefer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. FOR CMS ONLY: Think of the people on your caseload.

	<b>Less than 25%</b>	<b>26-50%</b>	<b>51-75%</b>	<b>More than 75%</b>
a. What percentage of people have expressed interest in work (unpaid/paid)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Out of those people, what percentage are working in the job they want?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Out of that same group of people, how many are working where they want to work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. FOR CMS ONLY: Think of the people on your caseload. How many of them are...

	<b>Less than 25%</b>	<b>26-50%</b>	<b>51-75%</b>	<b>More than 75%</b>
a. Living where they want to live?				
b. Living with whom they want to live?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Able to participate in their preferred social and leisure activities?				

18. FOR CMS ONLY: When you learn that that the services being provided are not meeting the person's needs and/or not helping the person achieve his/her goals, what actions do you take?

19. What is one area in which your agency excels at supporting people in a person-centered way?

20. What is one area in which your agency could improve at supporting people in a person-centered way?

21. Please rate the strength of your working relationship with these internal areas of your lead agency that often interface with individuals on HCBS waivers or HCBS waiver case managers and assessors.

	<b>Poor</b>	<b>Average</b>	<b>Good</b>	<b>Not applicable</b>
a. Assessors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Ongoing waiver case managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Intake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Poor	Average	Good	Not applicable
d. Human/Social Services staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Public Health staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Financial workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Adult mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Children’s mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Adult protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Child protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please share an example of why you rated your relationship as Good with at least one of these lead agency areas.

23. Please share an example of why you rated your relationship as Poor with at least one of these lead agency areas.

24. Please rate the strength of your working relationship with these external agencies that you may frequently work with.

	Poor	Average	Good	Not applicable
a. School districts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nursing facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Hospitals (medical and psychiatric care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Primary care clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Foster care providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Customized living facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. In-home support providers (ILS, SLS provided in a person’s home, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Center-based day programs (DT&H, Adult day care, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Community-based employment providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Mental health service providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Crisis services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Home health agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Please share an example of why you rated your relationship as Good with at least one of these agencies.

26. Please share an example of why you rated your relationship as Poor with at least one of these agencies.

27. Rate the usefulness of the following DHS resources:

	Not useful	Useful	Very useful	Not used/ Not applicable
a. <u>Community Based Services Manual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>E-Docs</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>Disability Linkage Line</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>Senior Linkage Line</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <u>Bulletins</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <u>Videoconference trainings</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <u>Webinars</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <u>MinnesotaHelp.Info</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <u>Ombudsmen (LTC, DD/MH, MCO)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <u>DB101.org</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. <u>HB101.org</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. <u>DHS PCA Consumer Information</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. <u>MHCP Provider Manual</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. <u>MinnesotaHCBS.info</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. <u>County Link</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. <u>DSD Response Center</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. <u>MMIS Help Desk</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. <u>Policy Quest</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. <u>Regional Resource Specialist</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Please share what you find helpful about at least one resource you rated as Useful or Very Useful.

29. Please share a suggestion for improvement for at least one resource you rated as Not Useful.