

**HCBS Lead Agency Review  
Provider Survey**

Please select the name of the Lead Agency (county or tribe) that appears in the subject line of the letter you received in your MN-ITS mailbox.

The HCBS Lead Agency Review helps determine how Minnesota’s Home and Community Based Service (HCBS) programs are operating and meeting the needs of the people they serve. This evaluation process includes a site visit to each county or tribe to help the Department of Human Services assure compliance.

DHS is gathering information from several sources, including providers, prior to an upcoming site visit. We would like you to complete this survey because you have delivered services through one of 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)

We will not share your specific responses with the lead agency. However, we will share overall results from the survey.

**Definitions:**

**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.

**Instructions:**

- Complete this survey only for the lead agency identified in the subject line of the letter you received in your MN-ITS mailbox.
- 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:**

Provider Name

Provider NPI/UMPI of the MN-ITS mailbox that you received the survey notification

Name of Individual Completing Survey

Title

Business Address

City

State

Zip Code

#1 Select the services you provide for this Lead Agency. Select all that apply.

<b>Services</b>	<b><i>EW/AC</i></b>	<b><i>CAC/CADI/BI</i></b>	<b><i>DD</i></b>
Adult Day Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumer Directed Community Supports (CDCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Companion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisis Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customized Living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Training and Habilitation (DT&H)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family/Caregiver Counseling & Training Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Delivered Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Health Aide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Access Coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Services (ILS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In Home Family Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care Assistance (PCA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevocational Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Services	EW/AC	CAC/CADI/BI	DD
Private Duty Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residential Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised Living Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Day Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supported Employment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how often the following statements are true.

	Never	Some of the time	Most of the time	Always	N/A
#2 The Lead Agency responds in a timely manner when we ask them a question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#3 We receive the needed assistance from the Lead Agency when we ask them a question.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#4 The Lead Agency assists with Medical Assistance (MA) eligibility issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#5 The Lead Agency processes service agreements in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
#6 Case managers and assessors are responsive to changing needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you would like to explain any of your responses to the previous question, please do so in the box below. (optional follow-up question)

**#7 What are 3 strengths of the Lead Agency’s case managers/assessors when developing or revising support plans for persons receiving HCBS? (Select up to 3)**

- The person directs the planning process – not practitioners.
- Service planning is conducted when, where, and with whomever the person prefers.
- Accommodations are made to ensure the process is understandable to the person. (e.g. acknowledging cultural preferences, providing meaningful access to persons with limited English proficiency, etc.).

- The support plan incorporates what is important TO the person (e.g. those things in life which help a person be satisfied, content, comforted, fulfilled, and happy).
- The support plan incorporates what is important FOR the person (e.g. the fulfillment of basics needs and protections related to health and safety).
- The support plan incorporates the unique strengths, preferences, and goals of each person.
- The support plan includes information about participating in community activities with families and friends.
- The Lead Agency helps the person with making progress towards achieving their goals.
- The Lead Agency helps people overcome barriers in the system to access the proper services and supports.
- The Lead Agency has staff with the knowledge and resources needed to conduct person-centered planning.
- The Lead Agency encourages its service vendors to provide the level of service the person wants and needs.

*If you would like to explain any of your responses to the previous question, please do so in the box below. (optional follow-up question)*

**#8 What are 3 areas for improvement for the case managers/assessors of this LA regarding providing person-centered planning for persons receiving HCBS? (Select up to 3)**

- The person directs the planning process – not practitioners.
- Service planning is conducted when, where, and with whomever the person prefers.
- Accommodations are made to ensure the process is understandable to the person. (e.g. acknowledging cultural preferences, providing meaningful access to persons with limited English proficiency, etc.).
- The support plan incorporates what is important TO the person (e.g. those things in life which help a person be satisfied, content, comforted, fulfilled, and happy).
- The support plan incorporates what is important FOR the person (e.g. the fulfillment of basics needs and protections related to health and safety).
- The support plan incorporates the unique strengths, preferences, and goals of each person.
- The support plan includes information about participating in community activities with families and friends.
- The Lead Agency helps the person with making progress towards achieving their goals.
- The Lead Agency helps people overcome barriers in the system to access the proper services and supports.
- The Lead Agency has staff with the knowledge and resources needed to conduct person-centered planning.
- The Lead Agency encourages its service vendors to provide the level of service the person wants and needs.

*If you would like to explain any of your responses to the previous question, please do so in the box below. (optional follow-up question)*

**#9 The Lead Agency’s case managers/assessors monitor my agency to ensure that HCBS provided to persons are consistent with each person’s support plan by doing the following (select all that apply):**

- Phone communication
- Email communication
- Regular team meetings or staffings
- Regularly scheduled visits to where the person receives the services
- Impromptu visits to where the person receives the services
- Regular progress reports
- Assesses the person’s satisfaction with services my agency provides
- Other

*If you would like to explain any of your responses to the previous question, please do so in the box below.  
(optional follow-up question)*

**#10 Does the Lead Agency share feedback it has gathered about your services?**

- Yes                       No                       N/A

**If so, do you use that feedback to make improvements to your services?**

- Yes                       No                       N/A

**If yes, please give an example.**

**#11 Within the past year, have you worked with the Lead Agency to remediate any concerns it has with your services for persons receiving HCBS?**

- Yes                       No                       N/A

**If yes, please explain how you worked with the Lead Agency to address these concerns.**

**#12 There have been many significant changes with HCBS programs recently. To what extent do you agree or disagree with the following statement: the Lead Agency’s staff adapted well to these changes and had the capacity to remain current:**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Not sure/Not applicable</b>
245D HCBS Licensing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CMS settings rule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Waiver Rate System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential Community Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jensen Settlement Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MHCP Provider Enrollment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MnCHOICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving Home Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Facility Level of Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Olmstead Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Person-centered planning requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Supports rule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If you would like to give an example of a positive experience for any of your responses to the previous question, please do so in the box below. (optional follow-up question)*

*If you would like to give an example of a negative experience for any of your responses to the previous question, please do so in the box below. (optional follow-up question)*

**#13 Identify the most urgent areas of unmet service needs for persons receiving HCBS from this Lead Agency. (Select two.)**

- Access to culturally competent providers
- Respite and other caregiver supports
- Behavioral programming and supports
- Transportation
- Crisis services
- Housing Access Coordination to obtain more independent housing
- Supports to maintain a person in their home
- Community based employment opportunities
- Chore services
- Companion services
- Other

**#14 Has your agency expanded or developed services to address any of the unmet service areas you identified above?**

- Yes  No

**If yes, please explain.**

*If you would like to explain any of your responses to the previous questions, please do so in the box below. (optional follow-up question)*

**#15 Rate the usefulness of the following DHS resources:**

	Not useful	Useful	Very useful	Not used/N/A
<a href="#">Community Based Services Manual</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">E-Docs</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Linkage Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Linkage Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulletins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Videoconference trainings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webinars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">MinnesotaHelp.Info</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ombudsmen (LTC, DD/MH, MCO)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">DB101.org</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">HB101.org</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not useful	Useful	Very useful	Not used/N/A
<a href="#">DHS PCA Consumer Information</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">MHCP Provider Manual</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<a href="#">MinnesotaHCBS.info</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**#16 What suggestions do you have to improve this survey for its future users?**

**Thank you for completing this survey! We appreciate the time you have spent. Results will be analyzed and will help inform DHS on the quality of HCBS being delivered to individuals in our community.**