

**NUMBER**

17-56-01

**DATE**

May 22, 2017

**OF INTEREST TO**

County directors

Social services supervisors and  
staff

Lead agencies

Tribal health directors

Public health supervisors  
and staffMental health supervisors  
and staff

Case managers

Other interested parties

**ACTION/DUE DATE**

Effective immediately

**EXPIRATION DATE**

May 19, 2019

## Lead Agency Requirements for Person-Centered Principles and Practices – Part 4

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### TOPIC

- Revision to the Person-Centered, Informed Choice and Transition Protocol monitoring process
- Revisions to the Person-Centered, Informed Choice and Transition Protocol

### PURPOSE

To provide information to interested stakeholders about revisions to the DHS Person-Centered, Informed Choice and Transition Protocol and changes in timelines for the Lead Agency Review monitoring process.

### CONTACT

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

### SIGNED

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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. Person-Centered, Informed Choice and Transition Protocol Bulletin series

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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 fourth in that series.

This bulletin has information about changes to the deadline/date when the Lead Agency Review team will begin taking corrective action and require individual remediation in order to comply with the [Person-Centered, Informed Choice and Transition Protocol, DHS-3825 \(PDF\)](#) requirements.

This bulletin also describes revisions made to the Person-Centered, Informed Choice and Transition Protocol as the protocol has been in place for a year. DHS and our partners will continue to be review the protocol on an annual basis and revise as necessary.

NOTE: We will refer to the Person-Centered, Informed Choice and Transition Protocol as the “protocol” or the “person-centered protocol” throughout the remainder of this document.

## A. Other bulletins in the series

### 1. [#16-56-01, Part 1 \(PDF\)](#)

The first bulletin identifies the federal, state and court-ordered requirements for person-centered principles and practices (issued Feb. 11, 2016).

### 2. [#16-56-02, Part 2 \(PDF\)](#)

This bulletin provides information about lead-agency requirements to use person-centered practices. It introduces the Person-Centered, Informed Choice and Transition Protocol (issued March 4, 2016).

### 3. [#16-56-03, Part 3 \(PDF\)](#)

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 (issued May 26, 2016). DHS announces a revised version of the protocol with this bulletin.

# II. Person-Centered, Informed Choice and Transition Protocol revision summary

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DHS is modifying the monitoring timeline mentioned in the third bulletin in the series ([#16-56-03](#)) (PDF). This will allow lead agencies additional time to adapt their processes and comply with protocol requirements. Also, DHS has revised the Person-Centered, Informed Choice and Transition Protocol. The protocol is reviewed on an annual basis and DHS will make revisions as necessary. This year’s revisions are outlined below.

## A. Monitoring revisions

Lead agencies must follow the protocol as directed in the [March 4, 2016, Part 2 bulletin \(#16-56-02\) \(PDF\)](#) and this bulletin. DHS monitors compliance to the protocol via lead agency reviews. During this learning period (initially set for one year following the release of the protocol), DHS has monitored and provided technical assistance, but has not required corrective action or individual remediation. This gave DHS time to align assessment and planning tools with the protocol, and lead agencies time to learn the protocol and develop person-centered practices.

DHS now is adjusting the timeline to allow more time before DHS requires remediation or corrective action. Remediation processes will begin in **January 2018**. Previously remediation was set to begin in April 2017.

## B. Protocol revision highlights

Recently, DHS revised the protocol in the following ways:

- Clarification of policy (who does the protocol apply to and who are the responsible parties)
- Improved readability (e.g. fixing typos, reordering content, word choices and sentence structure)
- Improved person-centered language
- Increasing emphasis on cultural awareness
- Reinforced the protocol's applicability to plans for people with mental illness.

See [Section III](#) of this bulletin for more information on these changes.

## III. Policy clarification (who does the protocol apply to and, who are the responsible parties)

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In this most recent revision, DHS rewrote these two sections of the protocol:

- “Who does this protocol apply to,” which describes the different program participants who are covered by the protocol.
- “Who are the responsible parties,” which explains which staff are responsible to see the protocol is followed, what their role is and how they will be accountable.

A summary of the key points of each section is provided here. Refer to the updated protocol for the full text of these revised sections.

### A. Who does this protocol apply to?

Because different federal and state authorities govern services and supports, the level of accountability for meeting Minnesota's person-centered standards varies by program.

The new version addresses past confusion over who the protocol applies to and who is responsible for following the protocol.

The chart below shows the populations covered by the protocol and the level of accountability.

**Table 1: Covered populations and level of accountability**

Population	Level of accountability	Monitoring	Subject to corrective action/ remediation
People with disabilities, including people with mental illness, who receive disability waiver services regardless of program or age (must adhere to Part One) <ul style="list-style-type: none"> <li>Of this group, those making a transition from one residence to another (must adhere to both Part One and Part Two)</li> </ul>	Required practice	Lead agency review	Yes
People who receive Rule 185 case management or relocation services (must adhere to Part One) <ul style="list-style-type: none"> <li>Of this group, those making a transition from one residence to another (must adhere to both Part One and Part Two)</li> </ul>	Required practice	Not at this time	No
People with mental illness who are not on a waiver and but receive mental health targeted case management, regardless of age (must adhere to Part One) <ul style="list-style-type: none"> <li>Of this group, those making a transition from one residence to another (adhere to both Part One and Part Two)</li> </ul>	Recommended practice	Monitoring upon lead agency request	No
Older adults who receive home and community-based services through the Elderly Waiver, Alternative Care, or Essential Community Supports programs (must adhere to Part One) <ul style="list-style-type: none"> <li>Of this group, those making a transition from one residence to another (must adhere to both Part One and Part Two)</li> </ul>	Required practice	Elderly Waiver (fee-for-service) and Alternative Care recipients: Lead agency review  Elderly Waiver (managed care organization): Monitored by health plan; information reported to DHS  Essential Community Supports: No	Elderly Waiver (fee-for-service): Yes  Alternative Care: Yes  Elderly Waiver (managed care organization): Yes  Essential Community Supports: No

## B. Who are the responsible parties?

While planning that is person-centered is recommended as a best practice for everyone, this protocol is specific to the groups described in [Section III, A](#) of this bulletin. Professionals who provide support planning are responsible to assure the protocol is followed. Those responsible professionals are described in this section.

This section is different from the previous version, as it clarifies the role played by each responsible party in the planning process.

Again, the level of accountability varies by population, according to federal and state authorities.

**Table 2: Responsible professionals**

<b>Support planner (includes lead agency staff and contracted case managers)</b>	<b>Role</b>	<b>Level of accountability</b>
<b>Waiver case manager</b>	Develops a plan that adheres to the protocol	Required
<b>Care coordinators</b>	Develops a plan that adheres to the protocol	Required
<b>Rule 185 case manager</b>	Develops a plan that adheres to the protocol	Required
<b>Vulnerable adult and adults with developmental disabilities case manager</b>	Develops a plan that adheres to the protocol	Required
<b>Adult mental health targeted case manager</b>	Develops a plan that adheres to the protocol	Recommended
<b>Children's mental health targeted case manager</b>	Develops a plan that adheres to the protocol	Recommended
<b>MnCHOICES certified assessor</b>	Contributor (MnCHOICES assessment will address many of the required elements)	Required
<b>Relocation services coordinator</b>	Contributor	Required
<b>Moving Home Minnesota case manager</b>	Contributor	Required

## IV. Training, technical assistance and resources for lead agencies

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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.

In addition to what is listed here, DHS continues to develop new tools and training. As more trainings are available, DHS will send out information on its lead agency and/or stakeholder eLists. You can subscribe to both at:

- [Disability Services Division eList page.](#)
- [Aging and Adult Services Division eList page.](#)

There are also non-DHS-sponsored training and resources available on-line and through other organizations.

## A. DHS-sponsored training and technical assistance

- **(New!) Regional trainings**

In May-September 2017, DHS will offer intensive regional-based training to lead agency staff. It will focus on integrating person-centered principles with assessor/case manager responsibilities and work flows. Go to [TrainLink](#) to find more information and register for any of these trainings.

- **Support Planning Professionals Learning Community**

The community is a resource for learning about person-centered practices and how to put them to use in everyday work. For more information about the community, see the [Support Planning Professionals Learning Community page](#).

For information on past meetings, see the [DSD training news and events archive page](#). It has archived presentations, recordings, handouts and Q&As from previous sessions.

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

The [University of Minnesota's Institute on Community Integration](#) (ICI), 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](#).

- **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)

## B. Resources

For more information on Minnesota's transition to person-centered practices, go to:

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

## V. Legal authority

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[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.

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

This information is available in accessible formats for people with disabilities by calling 651-431-4300 (voice) 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](#).