Minnesota Department of Human Services

Managed Care (MSHO and MSC+) **Non-Elderly Waiver Support Plan Audit**
(as required under 7.1.5.4., 7.8.3, and 7.8.4 of the 2025 MSHO/MSC+ contract)
2025 Audit Protocol
FINAL 1/27/26

Goal: To facilitate an interdisciplinary, holistic, and preventive approach to determine and meet the health care and supportive services needs of enrollees.

Description:

- The Audit Protocol is organized by element, first presenting outcomes related to assessment and enrollment/disenrollment and then followed by outcomes related to support planning. The Protocol includes a description of the method used and acceptable evidence for determining outcome achievement is described for each desired outcome and the criteria for achieving a "met" or "not met" score.
- The protocol is used for audits conducted annually for all delegates and the work of internal employees who are care coordinators for MSHO and/or case managers for MSC+.
- This protocol applies to support plans completed in CY2025 and sampled for audits conducted in CY2026.
- CY2024 was considered a training year for MnCHOICES audits as implementation was slowly phased in and the number of assessments completed in MnCHOICES greatly varied from delegate to delegate.
- For CY2025, MCO and their delegates were required to conduct all assessments and supports plans in MnCHOICES. References to auditing using the legacy processes and documents have been removed from the Protocol.
- We have moved to using the term "support plan" instead of "care plan" in this document as MnCHOICES uses the term "support plan". The contract citations referenced use the term "support plan" or "care plan" interchangeably

MCO sampling instructions:

MCOs should describe their sampling methodology used for this audit protocol when reporting results to DHS.

Sources of Evidence: .

- Sources of evidence may include:
  - MnCHOICES Health Risk Assessment (HRA)
  - MnCHOICES support plan
  - Support plan signature sheet
  - Care coordinator case notes and/or correspondence

- Progress notes
- MMIS approved screening document
- Caregiver Interview
- Supplemental letter to PCP
- MnCHOICES Assessment Summary
- Care Coordinator Next Indicator Report (when available)

Corrective Action Standards

The following chart is currently used by the DHS Lead Agency Review (LAR) to audit counties and tribes to determine compliance to standards. It is based on the number of samples so accommodates delegates with smaller sample sizes. For CY2026 MCO audits, this is informational and MCOs should review these Corrective Action Standards with delegates with the intent of implementing these standards for MCO audits for CY2027 audits.

Corrective Action Standards

Program Sample Size	% Compliant To Meet Standards	# Compliant To Meet Standards (i.e. no corrective action)
1	NA – All non-compliance is incidental.	
2	NA – All non-compliance is incidental.	
3	NA – All non-compliance is incidental.	
4	50.0% or greater	2
5	80.0% or greater	4
6	83.3% or greater	5
7	71.4% or greater	5
8	75.0% or greater	6
9	77.8% or greater	7
10	80.0% or greater	8
11	81.8% or greater	9
12	83.3% or greater	10
13	84.6% or greater	11
14	85.7% or greater	12
15 +	85.5% or greater	varies

- Database reports numbers to the tenth. Round to the nearest whole number. 85.5% or higher = 86% = Compliant.
- CMS standard of greater than or equal to 86% compliance begins with program sample size of 14 or more.
- 100% of incidents of non-compliance will be remediated, regardless of corrective action determination.

Reporting:

MCO reporting to DHS

- MCOs will complete a report using a survey tool provided by DHS for MSHO and MSC+ for each delegate under contract with the MCO for care coordination (MSHO) and case management (MSC+) and for internal employees who provide care coordination (MSHO) and case management (MSC+) indicating results of the audit.
- MCOs will prepare summary of key findings and recommendations and results from all delegates audited that compiles the results across the MCO.
- MCO's will use the "Delegate Review Reporting Template" provided by DHS to report additional information collected during the support plan audit.

1. HEALTH RISK ASSESSMENT (HRA)

Desired Outcome: All enrollees will receive a complete Health Risk Assessment (HRA) as applicable within required timelines.

Method for measuring outcome achievement (met as determined by all of the following):

1.1 Timeliness:

a. Date HRA completed is within 30/60 calendar days of enrollment date **or**

An explanation is documented if HRA attempted but not completed within 30/60 calendar days of enrollment date when:
- enrollee refused completion of the initial HRA; **or**
- enrollee was unable to be contacted, **or**
- enrollee was admitted to a hospital before the 30/60th calendar day; **or**
- enrollee was admitted to a nursing facility for a short-term stay of 30/60 or fewer days before the 30/60th calendar day after enrollment date

b. Date annual HRA completed is within 365 calendar days of previous HRA; **or**

HRA is completed but not within 365 days, and the explanation for not completing within 365 days is present.

1.2 Complete:

a. All (100%) of the fields relevant to the enrollee's program are completed with pertinent information or noted as Not Applicable or Not Needed as appropriate. Attachments are included, as appropriate

Not met as determined by the following:

The above stated requirements are not met per each sub-element.

Potential Source of Evidence:
MnCHOICES HRA Assessment

Contract Citation(s):
6.1.4.1(1)
6.1.5.1(1)

2. ANNUAL PREVENTIVE HEALTH EXAM

Desired Outcome: Enrollee engages in conversation about the need for an annual, age–appropriate comprehensive preventive health exam with care coordinator.

Method for measuring outcome achievement (met as determined by all of the following):

a. Documentation is present in enrollee's assessment that substantiates a conversation was initiated with enrollee about the need for an annual, age-appropriate comprehensive preventive health exam.

Not met as determined by the following:
No evidence of conversation about the importance of annual preventive health care present in enrollee's Support Plan.

Potential Source of Evidence:
Assessment

Contract Citation(s):
6.1.4.2(2)
6.1.5.1(2)
6.1.6.2

3. ADVANCE DIRECTIVE

Desired Outcome: Enrollee has opportunity for annual discussion about and/or completion of an Advance Directive.

Method for measuring outcome achievement (met as determined by any of the following):

a. Advance Directive exists; **or**

Care coordinator documents annual initiation of conversation about Advance Directive; **or**

Care coordinator documents enrollee's refusal to complete an Advance Directive; **or**

Care coordinator documents reason why Advance Directive conversation was not initiated.

Not met as determined by the following:
None of the above stated methods to meet these requirements are documented.

Potential Source of Evidence:
Assessment

Contract Citation(s):
6.1.4.1(2)(c)
6.1.5.2(4)

4. SUPPORT PLAN- Timeliness

Desired Outcome: Enrollees receive a completed Support Plan within 30 calendar days of a completed HRA.

Method for measuring outcome achievement (met as determined by at least one of the following):

a. Support Plan is completed and sent to member within 30 calendar days of the date of a completed HRA; **or**

If attempted but not completed, an explanation of status is documented.

Not met as determined by the following:
None of the above stated methods to meet this requirement are documented.

Potential Source of Evidence:
Support plan, care coordinator notes and/or correspondence.
Signature page.

Contract Citation(s):

6.1.4.1(2)
6.1.5.2(4)
6.1.24.2

5. SUPPORT PLAN - Assessed Needs Addressed [1]

Desired Outcome: The support plan addresses enrollee's assessed needs and preferences, and reflects an interdisciplinary, holistic and preventive focus.

Method for measuring outcome achievement (met as determined by all of the following):

a. All enrollee's assessed needs and concerns related to primary care, acute care, long-term services and supports, mental health, behavioral, social and service needs and concerns are addressed in the support plan; **or** statement as to why an assessed need(s) was not included on the support plan; **and**

b. The need for services essential to the health and safety of the enrollee is documented; **and**

c. If essential services are included in the plan, a back-up plan for provision of essential services is also documented; **and**

d. There is a description of the plan related to community-wide disasters, such as weather-related conditions.

Not met as determined by the following:
The above stated requirements are not met per each sub-element.

Potential Source of Evidence:
Support plan.

Review of HRA reflected in support plan

Contract Citation(s):
6.1.4.1(4) and (5)
6.1.5.2 (4)
6.1.24.2

[1] Completed per MCO care model.

6. SUPPORT PLAN – Goals

Desired Outcome: The enrollee's goals or skills to be achieved are included in plan, are related to the enrollee's preferences and how the enrollee wants to live their life, and there is a plan to achieve their goals.

Method for measuring outcome achievement (met as determined by all of the following):

a. Goals and/or skills selected by the enrollee to be achieved are clearly described;

b. Action steps, including services or supports needed, are identified and describe what needs to be done to assist the enrollee to achieve the goals or skills;

c. People/providers responsible for assisting the enrollee in completing each step are identified;

d. Target dates for goal completion are included (at least month and year);

e. Documentation of monitoring progress towards goals is included;

f. Goal outcomes(s) stated with date(s) that include at least month and year are included

Not met as determined by the following:
The above stated requirements are not met per each sub-element.

Potential Source of Evidence:
Support plan
Care notes

Contract Citation(s):
6.1.4.1 (4) and (5)
6.1.5.2(4)
6.1.24.2

7. SUPPORT PLAN - Choice of Non- EW HCBS Provider[2]

Desired Outcome: Enrollee was given information to enable the enrollee to choose among providers of non-EW HCBS and enrollee made choices of provider(s) – if applicable.

Method for measuring outcome achievement (met as determined by all the following):

a. The enrollee was offered choices among non-EW HCBS services,

   and

b. Documentation that a copy of the support plan summary or support plan was provided to the enrollee.

Not met as determined by the following:
No evidence of choice found in above.

Potential Source of Evidence:
Support plan signature sheet
Case notes

Citation(s):
6.1.25.(3)

8. SUPPORT PLAN – Safety Plan/Personal Risk Management Plan[3]

Desired Outcome: The enrollee has a plan to address identified safety issues and risks.

Method for measuring outcome achievement (met as determined by all of the following):

a. Discussion between care coordinator and enrollee regarding safety concerns/risks is documented,

   and

b. The plan for managing any identified risks is included in the support plan; **or**

[2] Completed per MCO care model.

it is documented that no plan for managing risks is needed.

Not met as determined by the following:
The above stated requirements are not met per each sub-element.

Potential Source of Evidence:
Support plan

Contract Citation(s):
6.1.24.2(1)
6.1.4.1(2)(b)
6.1.5.2

9. Support Plan – Informal and Formal Services, if applicable[4]

Desired Outcome: Support plan created, if applicable.

Method for measuring outcome achievement (met as determined by all of the following):

Existence of a support plan that includes:

a. Type of formal services funded by the MCO (outside of a waiver);

b. The amount, frequency, duration and cost of each service funded by the MCO;

c. The type of provider, and name of provider if known, furnishing each service, including non-paid caregivers and other informal community supports or resources; **or**

If element "c" is not complete, an explanation of status must be documented.

[4] Completed per MCO care model.

Not met as determined by the following:
The above stated requirements are not met per each sub-element.

Potential Source of Evidence:
Support plan, other service plan/agreement.
For Informal services: choose "People and organizations that support me"
Case notes

Contract Citation(s):
6.1.24.2

10. COMMUNICATION OF SUPPORT PLAN/ SUMMARY - Physician[5]

Desired Outcome: The enrollee's primary care physician receives a support plan summary.

Method for measuring outcome achievement (met as determined by all of the following):

a. Evidence of care coordinator communication of support plan elements with Primary Care Physician (PCP).

Not met as determined by the following:
Evidence not present of communication of support plan summary to PCP.

Potential Source of Evidence:
Support plan "About Me" Section – Date sent to PCP
Case notes
Supplemental letters to PCP

Citation(s):
6.1.4.1(5)
6.1.5.2 (8)
6.1.24.2(5)

[5] Completed per MCO care model.

11. COMMUNICATION OF SUPPORT PLAN/SUMMARY – Enrollee[6]

Desired Outcome: The support plan is signed and dated by the enrollee or authorized representative

Method for measuring outcome achievement (met as determined by all of the following):

a. The support plan is signed and dated by the enrollee or authorized representative or evidence of attempts to sign (telephonic HRA);

b. The support plan reflects the enrollee's choice of individuals who are to receive the support plan/summary.

Not met as determined by the following:
The above stated requirement is not met

Potential Source of Evidence:
Support plan signature sheet
Case notes
Supplementary documents

12. CARE COORDINATOR FOLLOW-UP PLAN

Desired Outcome: Enrollees have a care coordinator follow-up or contact plan related to identified concerns or needs, and the plan is implemented.

Method for measuring outcome achievement (met as determined by all of the following):

a. Care Coordinator documents their plan for enrollee contact on the support plan provided to the member;

[6] Completed per MCO care model.

b. Care Coordinator documents contact with enrollee according to plan; **or** Care coordinator documents the reason the plan was not followed.

Not met as determined by the following:
The above stated requirements are not met per each sub-element.

Potential Source of Evidence:
Support plan – Monitoring for goals
My Supports – "How my Care Coordinator will support me"Case notes

Contract Citation(s):
6.1.4.2(6)
6.1.5.2(16)(e)

13. APPEAL RIGHTS

Desired Outcome: Enrollee receives information about their appeal rights.

Method for measuring outcome achievement (met as determined by all the following):

a. Completed support plan indicates receipt of appeal rights **or**
Other MCO documentation in enrollee file indicates receipt of appeal rights.

Not met as determined by the following:
No documentation that the enrollee received information about their appeal rights.

Potential Source of Evidence:
Support plan signature sheet
Case notes

Contract Citation(s):
3.8
6.1.23.1(14)(c)
6.1.24.2

14. DATA PRIVACY

Desired Outcome: Enrollee receives information about data privacy.

Method for measuring outcome achievement (met as determined by all of the following):

a. Completed support plan indicates receipt of data privacy information **or**

   Other MCO documentation in enrollee file indicates receipt of data privacy information

Not met as determined by the following:
No documentation that the enrollee received information about data privacy.

Potential Source of Evidence
Support plan signature sheet.
Case notes

Contract Citation(s):
6.1.4.2(13)
6.1.5.2(16)(l)