

Wadena County Human Services
HCBS Corrective Action Plan
22 December 2015

Requirement #1:

Complete LTSS MnCHOICES Assessments within 20 days of referral.

MN Statute 256B.0911 requires that assessments be conducted within 20 days of the request. Overall, for the individuals who <were> newly opened to a waiver program in SFY 2015, three of the eighteen were not assessed within this timeframe (83 percent compliance). Completing assessments and eligibility determination within 20 days helps ensure prompt access to those needing services.

Response/Plan

The adult services unit has been challenged by the MnChoices assessment instrument this year in four ways, **1.)** ascertaining exactly when they're needed and didn't need to be completed; **2.)** the length of the assessment, how long it takes to complete and; **3.)** technical issues related to the completion of the assessment; **4.)** staff resistance/fear in taking on a challenging new responsibility.

- 1.) We have addressed this concern by **a.)** developing a distribution queue - a tracking log that we use to assess the equitable distribution of MnChoices assessment assignments; **b.)** we've also assessed that our CCB and DD waiver workers need to be relieved/excused from participating in the MnChoices intake queue as they have been, as of Sept '15, been required to complete 50% of their annual reassessments as MnChoices assessments; **c.)** currently we have nine certified assessors, three of which are CCB/DD workers who are focused on reassessments. Our MnChoices mentor has recently retired and we are in the process of acquiring mentor training for our Lead Worker and one other worker as backup.
- 2.) The length of the assessment, the time taken to complete it, is such that it has created a staffing issue for our agency. Our projection is we will likely need to add approximately 3-4 FTEs in order to accomplish the assigned assessment load. These positions may need to be created in the context of an unclearly funded state mandate, we are struggling to determine a.) when the increased assessment load will actually take place (e.g., the "health plan" ramp-up onto MnChoices has been delayed from 2Q'16 to late 3Q'16 and; b.) how exactly we would be able to fund additional FTEs.
- 3.) The MnChoices system is often "down" in that **a.)** the system might not be up and running when we have scheduled time with our clients and; **b.)** the page-to-page reload time is very slow, especially over a cell network 3G or LTE, and/or in more remote areas of our small, rural county.
- 4.) Our social workers *feel* that their general case load responsibilities have increased and find additional assessments, especially long, new and challenging assessments with spotty at-times technical performance, a significant challenge. This is a coaching and time spent/experience issue. We are working as a team to improve our ability to discuss and accomplish this new area of productivity.

Requirement #2:

Conduct face-to-face visits in accordance with program requirements

The federally approved DD waiver plan requires case managers have at least two face-to-face contacts with each person within the year, and Minnesota Rule 9525.0024 further requires the case manager conduct a monitoring visit on at least a semi-annual basis. Overall 89 percent of the individuals reviewed across all programs were not visited within the required timeframes. Five of the 11 DD cases were not visited every six months. Face-to-face visits ~~allow~~ provide case managers with an opportunity to build relationships and monitor each person's health and safety.

Response/Plan

This is a serious and significant deficiency, because it is an area of client safety and also because our performance on this area of compliance is unacceptable...11%. We've examined internal systemic procedures and identified that there is no internal audit/compliance process/cycle taking place. Some checklists have been created and are (minimally) in use but there has not been an accountable, peer/supervisory audit cycle established that consistently assures case file compliance.

Note: The following CQI (Continuous Quality Improvement) process will be also cited in Response/Plans for all subsequent deficiencies identified in/by the Lead Agency Review. We will, after this Response/Plan refer to it as our "Internal CQI Process" - by which we will mean the following approach.

- 1.) Client safety is assured, in part, by regular reviews and multidisciplinary team meetings in which service delivery is assessed and discussed. WCHS supervisory staff (Social Services Supervisor and Lead Worker) will work with our waiver team (three social workers) to develop monthly internal audit cycle in which one file from each worker will be reviewed by a second worker for content compliance as well as organizational form. One function of this internal review cycle will be to assure paper compliance, but the more critical function will be to provide an accountability structure through which meetings will be scheduled and completed in a timely manner. The foci of this process will be threefold:
 - a.) regular team performance assessments; a process in which the team will determine aggregate goals to set and complete each month/quarter/year. The team will work together to set said goals fueled by **(1)** statutory compliance standards and **(2)** internal goals.
 - b.) individual performance assessments; a process in which the team will work together to determine performance expectations for the individual members of the team. These goals will be determined by the team, but tracked and discussed individually at a supervisory level. The goal of this process is not to create an environment of competition, but rather to provide an individual structure through/by which the worker can assess their ability to improve their individual performance.
 - c.) finally we will apply process analysis methodology to address and improve systemic procedures and assess whether there are opportunities to provide better (for example) software/clerical processes to support more efficient workplace/communication and team organization methods.
- 2.) The Adult Unit Supervisor will, with clerical support, develop a tracking instrument shared with workers to determine on a monthly basis whether all required meetings have been both scheduled and attended.

Requirement #3:

Complete the Case Manager's Guide to Determining ICF/DD Level of Care...

...for individuals on the DD waiver who have not been assessed via MnCHOICES. Minnesota Statute requires that lead agencies determine eligibility for waiver programs on an annual basis. Overall, 27 percent of cases reviewed across all programs did not contain the required information. Three of 11 DD cases did not contain a current IDF/DD Level of Care form. By completing this form annually, the lead agency is confirming that individuals accessing the DD waiver are in fact in need of an institutional level of care and supportive services.

Requirement #4:

Include details about the person's services in the support plan

For each service in a person's support plan, the following information must be included as per MN Statute 256B.0915.092: service provider name, service type, service frequency and service cost (unit amount, monthly cost and annual cost). Overall 17 percent of cases reviewed across all programs did not contain the required information. Eight out of 11 DD cases had support Plans that did not contained-all

information. All other programs were in compliance. This information is the minimum required to ensure people are informed about the services they will be receiving.

Requirement #5:

Include a back-up plan in the support plan of all people receiving HCBS waiver services

Minnesota's federally approved waiver plans require case managers to develop emergency back-up plans to address unexpected events. Overall, 24 percent of cases reviewed across all programs did not contain this information. Three out of ten DD cases, eight of ten AC cases did not have a current and complete back-up plan while all other programs were in compliance. This is required for all programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include: 1.) a medical contact such as physician or preferred admitting hospital, 2.) an emergency contact person, and 3.) back-up staffing plans in event that primary staff are unable to provide care.

Requirement #6:

Obtained signed releases of information from each person granting informed consent to release private information

Minnesota Statute 13.05 requires the lead agency be given permission to share private information for each person and that documentation is signed by the person annually. Overall, 11 percent of cases reviewed across all programs did not contain this information. One of ten EW cases, one of ten CADI and three of ten DD cases did not have completed documentation in the case file. All other programs were in compliance. It is important that each person inform the lead agency who they are willing to share their private information with.

Requirement #7:

Obtain signed documentation that the person received information on how private data will be used,

In accordance with NPP and HIPAA. Minnesota Statute 13.05 requires the lead agency be given permission to share private information for each person and that this documentation is signed by the person annually. Overall, 6 percent of cases reviewed across all programs did not contain this information. Three out of ten DD cases did not have completed documentation in the case file. All other programs were in compliance. It is important that each person understands how their private information will be used by the lead agency.

Requirement #8:

Obtain signed documentation with each person <documenting that they> understands their appeal rights...

...Minnesota Statute 13.05 requires the lead agency be given permission to share private information for each person and that this documentation is signed by the person annually. Overall, 6 percent of cases reviewed across all programs did not contain this information. All other programs were in compliance except for three out of ten DD cases that did not have completed documentation in the case file. It is important that each person understands their appeal rights and how to exercise those rights if they disagree with a service, eligibility determination, etc..

Response/Plan

Our review of Corrective Action Plan (CAP) requirements 3 thru 8 has led us to identify that these deficiencies will be sufficiently addressed by our aforementioned CQI Plan. All six deficiencies have, at their root cause, our agency's inability to assure that an adequate internal audit/accountability procedure is in-place and implemented. As stated above in more detail, our CQI Plan going forward will be to:

- 1.) Complete Team Performance Assessments (based upon measurable audit/case review indices)
- 2.) Complete Individual Performance Assessments (also based upon the indices mentioned above)

- 3.) Engage in an ongoing System Analysis/Solution-Finding Process (a corrective process that at its core will be based upon the measurable indices noted above, but focused on ongoing system and process redesigns that will ensure long-term deficiency reduction).

Our team will create a quarterly report card that addresses and documents both our efforts at correction/system improvement as well as the results of the process.

Included in this (and especially the first) quarterly report will be the internal chart review instruments we create based upon the checklists used by DHS to review our compliance. We will, very simply stated, build an internal review system based upon the criteria and processes we are being audited upon by DHS.

We are meeting weekly to develop a chart format (both paper & digital) that will be standardized for all workers and engage clerical assistance in maintaining and checking through that format.

This process will take some time, two-thirds of our waiver team has less than three months experience in county-based services and as stated in response #1 we are facing the staffing/ logistical challenge of deploying MnChoices. These are not excuses, rather they are realities of employment context. Improved training methods and processes are also under development. I (their supervisor) am working on developing a standardized training curricula for all team members.

To recap we've three concurrent strategies:

- 1.) Increased, focused training.
- 2.) Improved tracking instruments with supervisory oversight.
- 3.) An internal, peer and supervisory audit process based upon DHS expectations.
- 4.) An internal CQI process that will, on a quarterly basis, review our progress in meeting our goals and also focus on improving our internal processes and efficiencies.

Please contact me with any questions

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