

Corrective Action Requirements:

○ **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** It is required that all HCBS participants have a completed documentation of their informed right to appeal included in the case file. Seven out of 10 CADI cases, three out of four BI cases, four out of 10 EW cases, and 1 out of 10 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, one out of 10 EW cases and one out of 10 DD cases did not have documentation that the participant had been informed of their right to appeal within the past year. One out of 10 EW cases included only partial documentation that the participant had been informed of their right to appeal.

Lake County informs consumers of their right to appeal decisions on an annual basis. DHS form 1941-ENG is included in screening packets. This form previously had a signature line. The signature line was removed by DHS and some case managers interpreted this change as DHS no longer requiring a signature. Lake County had adopted a signature page (attached) to ensure documentation of informing clients of appeal rights is complete.

○ **Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the county's privacy practices in accordance with HIPAA on an annual basis.** It is required that all HCBS participants have signed documentation in their case file stating that they have been informed of the county's privacy practices on an annual basis. Currently, two out of 10 EW cases and one out of 10 DD cases did not have this completed documentation in the case file. In addition, one out of 10 CADI and one out of 10 AC cases did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year. One out of 10 EW cases included only partial documentation that the participant had been informed of the county's privacy practices.

Lake County gives consumers a Notice of Privacy Practices on an annual basis. DHS form 3979-ENG is included in screening packets. This form previously had a signature line. The signature line was removed by DHS and some case managers interpreted this change as DHS no longer requiring a signature. Lake County had adopted a signature page (attached) to ensure documentation of informing clients of privacy practices is complete.

○ **Beginning immediately, ensure that all care plans are signed and dated by the participant, and include required choice questions.** Two out of 10 EW care plans and one out of 10 DD cases did not include the required signatures on the care plan. In addition, documentation of choice of community based services was not complete for the two EW cases that did not include a participant or legal representative signature.

Missing signatures for care plans have been obtained. Importance of obtaining signatures was reviewed with case managers who are expected to meet this criteria for future plans. Lake County has adopted a signature page to ensure informed choice is properly documented.

○ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require Lake County to submit a Correction Action plan on this item, a prompt response to this item is required. The Case File Compliance Worksheet, which was given to the County, provides detailed information on areas found to be non-compliant for each consumer case file reviewed. This report required follow up on 22 cases. All items are to be corrected by August 6, 2013 and verification submitted to the Waiver Review Team to document full compliance.

Lake County submitted the Compliance Worksheet to the Waiver Review Team on August 2, 2013.



Lake County Human Services

616 Third Avenue
Two Harbors, MN 55616

Phone: 218-834-8400
FAX: 218-834-8412

LCHS 7702	Office Use Only
PMI:	
Client Name:	
Doc Date:	

INDIVIDUAL SERVICE PLAN (ISP)/SOCIAL SERVICE PLAN SIGNATURE PAGE

YOUR ISP HAS BEEN DISCUSSED AND/OR REVIEWED BY THE UNDERSIGNED PERSONS

Regarding my plan:

My active participation and/or my legal representative's participation was requested in the development of my Service Plan.

My needs that are currently met in whole or in part by relatives or general community services have been discussed and incorporated into the plan.

I and/or my legal representative have been notified that a current and complete Service Plan must be on record for services to continue.

I and my legal representative and my service providers will receive a revised Service Plan that reflects continuing or changing of current services based on our annual meeting.

Regarding my services:

I agree with the services in my Service Plan.

My services are being delivered in the least restrictive environment available.

The services and strategies to be used to meet the goals, objectives & services stated in this Service Plan, and specific outcome measures, are detailed in the individual program plan, which is developed by each provider agency. The plan will comply with state and federal licensing & certification standards and/or Lake County contract obligations, as required.

My services should result in increased participation in the community and interactions with the general public through the use of support services and generic services to the extent possible.

My services are based on assessment information, including, but not limited to: the Screening Document, Assessment Summary, and Risk Management Plan, if applicable.

My vocational training and habilitation services, if applicable, are appropriate to my chronological age, employment and financial independence to the extent possible.

It is my responsibility to submit verifications requested for MA and other eligibility on a timely basis.

Regarding informed choice:

I and/or my legal representative have been informed of the range of services and supports that I may choose from, including Minnesota Health Care Programs.

Regarding my rights:

I and/or my legal representative have been notified that I have the right to request a conciliation conference or a hearing to address service delivery concerns (Minnesota Statutes Section 256.045). I may request this from my case manager or his/her supervisor.

I have received a copy of the Notice of Privacy Practices.

I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

SIGNATURE OF PERSON RECEIVING SERVICES	DATE
SIGNATURE OF PARENT OR LEGAL REPRESENTATIVE	DATE
SIGNATURE OF CASE MANAGER	DATE
SIGNATURE OF OTHER REQUIRED PARTICIPANT	DATE

RIGHT TO APPEAL

Federal and state law gives people the right to a fair hearing when they disagree with a county, state or health plan regarding their social services benefits, payments or services. The Appeals and Regulations Division of the Department of Human Services (DHS) hears and decides these appeals.

A fair hearing can be requested if:

- A service is denied, terminated, reduced or suspended.
- An agency claims that earlier benefits, payments or services were incorrectly provided.
- The county/state agency fails to act with reasonable promptness

A written request for hearing must be completed by the person receiving services or their legal representative and sent to the county agency or directly to the DHS Appeals and Regulations Division. If a person has sent their written request to the county, the county must forward the request to the Appeals and Regulations Division.

The law requires that appeals must be submitted within 30 days of receiving a notice of action or within 90 days if person shows a good reason for delay beyond 30 days.

The address of Minnesota Department of Human Services is:

Department of Human Services
Appeals Office
PO Box 64941
St. Paul, MN 55164-0941

You may call the Appeals Division at 651-431-3600 or 800-657-3510 (outstate) before you file a written appeal. If you already get benefits, you can usually keep getting the same amount until the state decides your appeal. But you must appeal right away. If you want your benefits to continue, you must appeal within 10 days after the county sends you a notice of action or before the date the action is to happen. If you lose your appeal, the extra benefits you got during the appeal will be overpayments. Most of the time, you have to pay the overpayments back. The rules about overpayments are different in every program.