

Recommendations

Recommendations are developed by the Waiver Review Team, and are intended to be ideas and suggestions that could help St. Louis County work toward reaching their goals around HCBS program administration. The following recommendations would benefit St. Louis County and its HCBS participants.

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants and document that participants are informed of their right to appeal annually.** The counties must assess and issue referrals to all working age participants regarding vocational and employment opportunities. Because this activity must also be documented, incorporate this documentation into the assessment process. Also, all case files must contain documentation that participants receive information on their right to appeal on an annual basis. Many counties have found it helpful to include this information directly on the participant's care plan.

St Louis County PHHS will assess working age participants for vocational and educational opportunities. We will document within the assessment information and will add a checkbox/signature line via a combined signature page to document the assessment and the right to appeal on an annual basis.

- **Develop learning systems that cross units in the agency to allow case managers to stay informed on HCBS programs and to address staff turnover and transitions.** With high caseloads and continually changing programs, administering the waiver programs and providing case management will become more complicated. Moreover, cases are dispersed across many units, supervisors, and offices. It is difficult for staff to stay current on program requirements, and case managers are in need of additional supports. The county may want to consider strategies such as: rehiring retired staff to train and mentor new staff; streamlining the process for creating fillable electronic documents in a centralized location to support case managers; strengthening the role of waiver coordinators to include training of new staff; providing regular updates to current case managers to assist them in staying current with the

waiver programs; and developing an internal case file audit system to ensure that all required documentation is in place and provide constructive feedback to case managers.

St Louis County PHHS will begin to develop regularly scheduled Waiver/HCBS training meetings on a quarterly basis for waiver staff across all program areas utilizing a “train the trainer” model. The waiver coordinators will facilitate the meeting and incorporate training information, waiver updates, best practices, audit expectations, etc.

- **Continue to expand community employment opportunities for participants in the CCB and DD programs.** When developing services, work across programs to ensure they can be accessed by all participants regardless of the program. St. Louis County has lower rates than its cohorts in the percentage of working age participants earning income in the CCB and DD programs. A renewed focus on employment will help the County bring its CCB and DD employment levels up. The county should actively focus on developing higher-wage, community employment and consider working with St. Louis County’s neighboring counties to increase purchasing power for these services.

St. Louis County PHHS will use our existing Resource and Development Team to evaluate the increased need for additional employment opportunities for working age participants. We will build a sustainable plan to incorporate long term support as needs are identified and services evolve for our participants and providers.

- **Work with providers to develop services that support participants in their own homes and reduce reliance on more expensive residential or institutional care.** Across all waiver programs, St. Louis County has fewer waiver participants receiving HCBS services in their own homes than their cohorts. Only 46.3% of CCB participants receive services at home (ranking St. Louis County 82nd of 87 counties); 24.0% of DD participants receive services at home (ranking 64th of 87 counties), and; 48.8% of EW/AC participants receive services at home (ranking 81st of 87 counties). It is recommended that the county work across program populations to develop Home and Community Based Services to serve participants at all levels of need in their own homes in the community instead of in an institution or residential setting. This may involve a package of services offered by several providers working together to provide assistive technology, home modifications, independent living skills,

chores, nursing, and in-home support services. The county should be deliberate in developing these services. Also consider partnering with neighboring counties who have similar needs for this type of service capacity, or sending out a Request for Information (RFI).

St. Louis County PHHS acknowledges the need and importance of creating less restrictive community options. We will look for ways to incorporate emerging technology; consideration of best practices and ideas learned via the statewide Housing Development monthly meetings. We will continue to interact with metro counties for shared learning and understanding on community service models.

St. Louis County PHHS will continue discussions with DHS and other counties to better align the need for services with the availability of services, allowing clients' choice of local options in their local community; it is well documented that St Louis County has many out of county clients placed in our time excluded facilities. We want to ensure development of community options does not create a financial burden on the taxpayers of St Louis County given that community options are not time excluded services. We are open to continued dialogue with the State to explore any creative solutions that may promote the transition of out of county clients to less costly community options while maintaining the county of financial responsibility.

- **St. Louis County has reserves in the DD and CCB budgets and is able to serve additional participants in these programs.** St. Louis County's DD waiver budget balance was 8% at the end of calendar year 2011 and the county has a waiting list. There was a 20% balance in the CADI, CAC and BI programs at the end of FY 2011. Therefore, there is room to add more people via new or reuse slots or service optimization to reduce or eliminate the waiting list and add more services such as supportive employment for current participants. Typically a 2.5% to 3% allocation reserve is more than adequate to manage risk for county of this size. The County may also want to consider using their business office expertise to help manage allocations.

St Louis County PHHS was one of a handful of counties that had over expenditures in its DD allocation in 2004 and 2005. The county has worked diligently over the past six years to manage allocations within the parameters established by the State and adopted a 5% allocation reserve to ensure an adequate cushion in the allocation existed to serve

the critical health and safety needs of clients. We now have these six years of experience and data to rely upon and therefore, will accept the State's recommendation for a 2.5% - 3% allocation reserve as opposed to our current goal of a 5% allocation reserve.

- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or staff.** The visit sheet can be used to monitor a participant's progress, note changes or additional needs of a participant, monitor providers in their delivery of services, and evaluate provider performance. Visit sheets can be kept in the participant's case file to document required face-to-face visits. The visit sheet should also include questions to assess participant satisfaction with providers. The county should also request progress reports as a way to monitor provider performance.

St Louis County PHHS will work with case managers to develop and draft standardized visit documentation. We will explore an electronic format and with possible integration in SSIS. In the interim, we will educate case managers of the desired quality assurance elements and ask they document in their case notes.

Corrective Action Requirements

Required corrective actions are developed by the Waiver Review Team, and are areas where St. Louis County was found to be inconsistent in meeting state and federal requirements and will require a response by St. Louis County. Follow-up with individual participants is required for all cases when noncompliance is found. Correction actions are only issued when it is determined that a pattern of noncompliance is discovered and a corrective action plan must be developed and submitted to DHS. The following are areas in which St. Louis County will be required to take corrective action.

- **Beginning immediately, ensure that LTC screenings for CCB and Elderly programs occur within 20 days of referral.** As of August 1, 2012, MN Statute 256b.0911 requires that LTCC assessments be conducted within 20 days of the request. Seventy percent (70%) or 85 out of 122 assessments for new CAC, CADI and BI participants and 49% or 98 out of 199 screenings for new EW and AC participants occurred within this timeframe. When at

least 80% of screenings are occurring within this timeframe, it is considered evidence of a compliant practice.

St. Louis County PHHS will complete at least 80% of all LTC screenings within 20 calendar days from the date of referral. If the assessment is delayed as per participant choice, the assessor will document this on the assessment referral. We are in the process of working with DHS data reports to accurately reflect our future assessment volume with the implementation of MnCHOICES. That data, coupled with an estimation of the time needed to complete the new assessments, will assist us to determine the amount of manpower needed to assure timely response on an ongoing basis.

- **Beginning immediately, ensure that all future care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.** It is required that all care plans are completed and signed by the participant, parent, or legal representative within the 50 day timeframe. All care plans that are not completed or signed within this time frame must be updated with required information and signatures. Twelve out of 72 CADI care plans reviewed in St. Louis County did not meet this standard.

St Louis County PHHS will have 80% of all waiver care plans completed by the 50th day following the face to face assessment/reassessment including participant signature. As changes or clarifications are implemented related to MnCHOICES assessment, we will apply the prevailing requirements that are in effect at the time. Care plans will be standardized across all waiver units in an electronic format.

- **Beginning immediately, ensure that all care plans are signed and dated by the participant, and include required choice questions.** Ten out of 72 CADI care plans did not include this documentation. Five of the CADI cases included a case manager signature, but did not have a participant or legal representative signature. The remaining five cases did not include any signatures on the care plan. Two out of 21 AC care plans did not include complete documentation of signatures; one included a case manager signature, but did not have a participant or legal representative signature and the other included the participant signature, but not the case manager's signature. Three out of 69 DD cases included a case manager signature, but not the participant or legal representative signature. Fourteen out of

121 EW cases did not have complete documentation of signatures; eight EW cases had a case manager's signature, but no participant or legal representative signature and six EW cases had no signatures on the care plan. In addition, documentation of choice was not complete for cases that did not include a participant or legal representative signature

All necessary signatures, dates, and required choice questions will be incorporated into a comprehensive signature sheet included within the care plan. Cross training across waiver units will occur on a quarterly basis including education of documentation compliance.

- **Beginnings immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participant needs.** All care plans must be updated with this information. Seventeen out of 72 CADI care plans reviewed did not include documentation of participant needs. The care plan is the one document that all participants receive. Therefore, it must include information the participant's needs along with which services, formal or informal, will be provided to address those needs.

Participant needs identified through the assessment process will be documented and addressed on the CCSP with sufficient detail to indicate how the need will be met or risk managed. This compliance element will be incorporated in the quarterly waiver training identified above.

- **Beginning immediately, include a back-up plan and emergency contact in the care plan of all CADI participants.**¹ All CCB care plans must be updated with this information. This is required for all CCB programs to ensure health and safety needs are met in the event of an emergency. The back-up plan should include three elements: 1) the participant's preferred admitting hospital, 2) emergency contact in event that primary caregiver cannot be reached during an emergency, and 3) back-up staffing plans in event that primary staff are unable to provide needed services. Currently, 11 out of 72 CADI cases did not have a back-up plan and ten out of 72 CADI cases did not emergency contact. In addition, six out of 72 CADI cases and one out of 8 BI cases included partial back-up plan documentation meaning the plan

¹ A sample back-up plan with emergency contact information can be accessed at:
http://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs_id_048151.pdf

The above elements will be incorporated in the standardized care plan. All case managers will be instructed these elements are mandatory for CCB waivers.

- **Beginning immediately, ensure that case files include the Related Condition Checklist for all DD participants with a related condition.** It is required that participants have this signed documentation in their case file to confirm eligibility for case management for a person with a condition related to developmental disability on an annual basis. Four out of five DD cases reviewed with a related condition did not have complete and current documentation in the file.

St. Louis County PHHS DD case managers will receive training related to the use of the Related Conditions Checklist including when and how to use the V codes and ICD diagnostic codes for clients who may have multiple diagnoses. Staff will be instructed the Related Conditions checklist is required if a V code is used.

- **Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.** It is required that all HCBS participants have a completed documentation of informed consent included in their case file. Fifty-four out of 72 CADI cases, seven out of eight BI cases, 11 out of 21 AC cases, 72 out of 121 EW cases, and 14 out of 69 DD cases did not have completed informed consent documentation in the case file. In addition, eight CADI cases, one BI case, six AC cases, 16 EW cases, and 23 DD case did not have documentation that the participant had given informed consent to release private information within the past year.

St Louis County is not the Lead Agency on Managed Care Organization EW waiver cases. We operate under a delegation contract and do not have the authority to change MCO forms, policies or procedures. A large number of the compliance issues on EW cases are managed care cases. We have informed the MCOs and suggested they work with DHS directly to resolve the required compliance elements. Until further clarification, St. Louis County PHHS will ensure informed consent forms, updated at least annually, are present in all waiver participants' case files. The use of informed consent to release private information will be included in the quarterly waiver training.

- **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, three out of 72 CADI cases, one out of 121 EW cases and three out of 69 DD cases did not have this completed documentation in the case file. In addition, 19 CADI cases, 18 EW cases, 14 DD cases, three CAC cases, one BI case and one AC case did not have documentation that the participant had been informed of the county's privacy practices in accordance with HIPAA within the past year.

All waiver participants' files will have county data privacy practice documents in accordance with HIPAA on an annual basis. Compliance will be evidenced with the client's receipt of the information, signature and date on the comprehensive signature sheet included within the care plan.

- **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 informed rights included in their case file. Twenty-four out of 72 CADI cases, six out of eight BI cases, one out of 21 AC cases, 21 out of 121 EW cases and one out of 69 DD cases did not have documentation in the case file showing that participants had been informed of their right to appeal. In addition, 36 out of 72 CADI cases, one out of seven CAC cases, two out of eight BI cases, 13 out of 21 AC cases, 66 out of 121 EW cases and six out of 69 DD cases did not have documentation that the participant had been informed of their right to appeal within the past year.

All waiver participants will be informed of their right to appeal on an annual basis. This will be documented on the comprehensive signature page incorporated within the care plan.

- **Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.** CCB waiver participants must have a face-to-face visit by the case manager twice per year. EW and AC participants must have a face-to-face visit by the case manager once per year. DD waiver

participants must have a face to face visit by the case manager every six months. However, 25 of 72 CADI cases and one of eight BI cases reviewed had case manager visits less frequently than on a biannual basis. Additionally, two of 119 EW cases had case manager visits less frequently than on an annual basis and two of 69 DD cases had not been seen in the previous six months.

All waiver participants will receive the required face to face visits as indicated above. The documentation of the visit will be included in the case notes/case file until such time a Visit Documentation process is developed (see Recommendation #5 and related response).

- **Beginning immediately, ensure that all EW participants receiving 24-hour supervision in a customized living setting have documentation of this need included in the participant's care plan.** It is required that all EW participants receiving 24-hour supervision in a customized living setting have completed documentation of this need in their care plan. Currently, 27 out of the 66 EW participants receiving this service do not have documentation of need for 24-hour supervision in their care plan.

EW case managers will document on the care plan the EW participant's assessed need for 24 hour supervision in a customized living setting. Documentation will summarize the required criteria for 24 hour CL as identified by the service code data on the MMIS screening document.

- **Develop and implement a caseload management plan that can assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.** Many compliance issues are a result of high caseloads. Even with the strong leadership team, the growth in the waiver programs has resulted in caseloads that are overwhelming and make it difficult to operationalize planned changes. Over the last five years all the waiver programs have grown; the DD program has grown by 61 cases, EW by 131 cases and CADI by 41 cases. In addition, many of the cases involve complex medical or behavioral needs. Case managers have had to absorb these additional cases and complexities. The county may want to consider strategies that have worked in other counties. One such strategy is to contract with private agencies for case management for participants with lower needs who are served inside the county or outside of its region. Another strategy would be to

enhance support functions to assist case managers in areas such as data entry, scheduling meetings, and streamlining the use of electronic forms. This would allow case managers to be more efficient in their work and have more time to spend providing direct care planning. St. Louis County must carefully consider its options for managing caseloads and develop a plan that meets the county's needs while assuring all waiver program requirements are met.

St Louis County is in the midst of examining strategies to implement MnCHOICES as planned in spring 2013. In doing so, our full complement of waiver staff and waiver volume will be evaluated to “right size” the manpower needed. Given the limited staffing options for the Certified Assessor (there will be no revenue source except for Lead Agency staff), this work path will have to occur first and will subsequently direct our Case Management work process.

In the interim, St Louis County PHHS has begun to immediately implement measures to increase support to the waiver case managers in managing their caseloads. We have completed business process mapping to identify more efficient business practices; created a multidisciplinary LTCC assessment unit; developed an “interim” case set-up process to bridge the labor intensive stage between initial assessment and ongoing case management. St Louis County PHHS has added a second waiver coordinator to deliver a greater level of staff training, increased communication, and more timely updates directly to the case managers. We will create standardized care plans, develop combined signature forms; are willing to examine our status quo existing structures and staff distribution. Most importantly, St Louis County PHHS is seeking input and suggestions from the case managers themselves on how to make necessary improvements.

- **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** Although it does not require St. Louis 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 participant case file reviewed. This report required follow up on 268 cases. All items are to be corrected by December 4, 2012 and verification

submitted to the Waiver Review Team to document full compliance. St. Louis County submitted a completed compliance report on December 3, 2012.

This element has been completed in full.