

Minnesota Department of Human Services Waiver Services Review

Chisago County Health and Human Services - Corrective Action Plan Response

May 7, 2014

Corrective Action: Develop and implement a caseload management plan that will assure operational compliance of all waiver programs, while still allowing staff to maintain relationships with participants.

Plan: In addition to the continued efforts to reassign waiver case management services to private case management agencies, Chisago County has added 3 Social Work staff to the Aging and Disabilities Unit. The intent is to add 1 to 2 nurses to support the required multidisciplinary team approach and enhance the unit as a whole. Staff will use a checklist to ensure files are compliant with program requirements. A file review team will convene monthly to audit internal files in which had been assessed or reassessed the previous month.

Corrective Action: Ensure all care plan development is completed within fifty (50) days of the assessment or reassessment date for all waiver programs.

Plan: All assessments and reassessments will be audited the following month for compliance. Plans will be reviewed for timeliness and signatures of all required parties. The Quality Assurance Team completing the file audit will notify staff members of any non-compliant cases prior to the 50th day to afford time to bring the file into compliance. Individual staff compliance must be 80% or above with this measure.

Corrective Action: Ensure all participants have an individual care plan that is current within the past year included in their case file.

Plan: Internal case managers will review all currently assigned waiver cases to ensure a care plan has been completed within the last year. A Community Support Plan with Coordinated Services and Supports (CSSP) DHS – 6791B-ENG will be completed for participants without a current plan of care.

Corrective Action: Ensure all care plans are signed and dated by the participant, and include required choice questions.

Plan: The Community Support Plan (CSP) DHS-4166-ENG and Community Support Plan with Coordinated Services and Supports (CSSP) DHS-6791B will be utilized for all waiver participants to ensure all required choice questions are included on all care plans. The Quality Assurance Team will review the plan to ensure the plan is dated and signed by the participant. Staff members will be notified of any non-compliant cases prior to the 50th day to afford time to bring the file into compliance. Individual staff compliance must be 80% or above with this measure.

Corrective Action: Include a back-up plan in the care plan for all CCB program participants.

Plan: Internal case managers will review all currently assigned waiver cases to ensure a back-up plan containing all required elements is included in the file. Case managers will complete the DHS Briefcase Resource Document – Emergency Back-Up Plan for cases that are deficient. Upon reassessment, Case managers will utilize the Community Support Plan with Coordinated Services and Supports (CSSP) DHS-6791B for all waiver participants, the CSSP includes all elements required in the back-up plan. The Quality Assurance Team will review the plan to ensure the plan includes a complete back-up plan. Staff members will be notified of any non-compliant cases prior to the 50th day to afford time to bring the file into compliance. Individual staff compliance must be 80% or above with this measure.

Corrective Action: Ensure all DD cases have a full-team screening document fully completed with the required time frames that includes the three required signatures and dates.

Plan: Internal case managers will review all currently assigned cases to ensure a full-team screening has been completed within the required timelines and screening documents include the three required signatures. A full-team screening will be completed on any deficient cases to ensure compliance with this requirement. Case managers will review cases due for reassessment each month to verify whether the case is requiring a full-team screening according to time frames. Upon inclusion of reassessments to the MnCHOICES assessment process, participants will receive a face-to-face assessment including the required participants on an annual basis.

Corrective Action: Complete the ICF/DD Level of Care form for all participants in the DD program.

Plan: Assessors will attach the ICF/DD Level of Care form to all new DD waiver requests; the ICF/DD Level of Care form will be reviewed for completion prior to the approval of any new participants. In addition, the Quality Assurance Team will review file documentation according to the audit schedule to ensure the ICF/DD Level of Care form is complete and current. Staff members will be notified of any non-compliant cases and are expected to bring the file into compliance. Individual staff compliance must be 100% with this measure.

Corrective Action: Ensure each participant case file includes signed documentation that participants have given informed consent to release private information.

Plan: The Quality Assurance team conducting monthly file audits will review file documentation to ensure there is a current release signed for the emergency contact listed in the back-up plan and each service provider within the care plan, at a minimum. Staff members will be notified of any non-compliant cases and will be expected to bring the file into compliance. Individual staff compliance must be 80% or above with this measure.

Corrective Action: Ensure each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPPA and Minnesota Statutes on an annual basis.

Plan: The Community Support Plan (CSP) DHS-4166-ENG will be provided in conjunction with the agency created form “Acknowledgement of Receipt” to ensure files include signed documentation individuals have been informed of their privacy rights. The Community Support Plan with Coordinated Services and Supports (CSSP) DHS-6791B will be utilized by case managers to ensure case files include signed documentation that the participant has been informed of the agency’s privacy practices on an annual basis. The Quality Assurance team conducting monthly file audits will review file documentation to ensure compliance with this requirement. Staff members will be notified of any non-compliant cases with the expectation the deficiency is corrected. Individual staff compliance must be at 80% or above with this measure.

Corrective Action: Ensure each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.

Plan: Assessors will utilize the Community Support Plan (CSP) DHS-4166-ENG in conjunction with an agency created form “Acknowledgement of Receipt” to ensure files include signed documentation individuals have been informed of their appeal rights. The Community Support Plan with Coordinated Services and Supports (CSSP) DHS-6791B will be utilized by case managers to ensure case files include signed documentation that the participant has been informed of their right to appeal on an annual basis. The Quality Assurance Team will review the plan to ensure the compliance. Staff members will be notified of any non-compliant cases prior to bring the file into compliance. Individual staff compliance must be 80% or above with this measure.

Corrective Action: Case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.

Plan: An SSIS Contact Aging Report will be printed by an identified member of the Quality Assurance Team each month based on the previous 5 month period. The report will be reviewed to ensure participants receive the required face-to-face visit and patterns of noncompliance with this requirement are identified. This report will also be shared with the case managers at the sub-unit meetings. Staff will be expected to complete the required face-to-face visit within the time frame remaining before the case reaches non-compliance.