

SOCIAL SERVICES DEPARTMENT

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RESPONSE TO WAIVER REVIEW REPORT AUGUST 2013

CORRECTIVE ACTION REQUIREMENT:

In response to the following corrective action requirements:

- **Beginning immediately, ensure that LTC screenings for CCB programs occur within required time frames.** LTCC assessments be conducted within 20 days of the request. For Clay County, data indicated that Seventy-one percent (71%) or 22 out of 31 assessments for new CAC, CADI and BI participants occurred within this timeframe. Compliance is indicated at 80%.
Corrective Action by Clay County: Beginning immediately when a LTCC has been conducted and 60 days have passed before the individual screened secures MA eligibility or Disability Certification, resulting in the requirement for another LTCC, the referral date will be revised to indicate the date the individual becomes able to access MA and the CCB waiver. Many of the late LTC screenings in the data we believe were due to the very initial date of referral being indicated in the LTC conducted after the 60 time limit, therefore presenting information that would appear to have LTC screenings more than the 20 day requirement.
- **Beginning immediately, ensure that all care plans include information documenting the participant's need for 24-hour supervision for all EW participants using customized living services.** All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information. Five of the 13 cases where this was applicable included this information in the care plan.
Corrective Action by Clay County: Need for 24 hour supervisor for all EW clients receiving customized living services will be added to the chart check list to ensure that it is included in the care plan. PHN's have been retrained to include this in the client care plans.
- **Beginning immediately, include a back-up plan in the care plan of all CADI participants.** All CADI 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 provided needed services. Currently, four out of 35 CADI cases did not have a back-up plan. In addition, 15 out of 35 CADI cases included partial back-up plan documentation, meaning the plan included one or two, but not all three required elements.
Corrective Action by Clay County: Beginning immediately, all Care Plans will have a Back-Up Plan as part of the individual's care plan. A specific Emergency and Back-Up Plan document that had been used in the past for this purpose will be reinstated immediately for this purpose. This document includes all of the three elements indicated.

RECOMMENDATIONS:

In response to the following recommendations:

- **Effective August 1, 2012, assess vocational skills and abilities for all working age participants.** The county 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.

Clay County Response: Effective immediately, Clay County Case Managers will make Vocational Rehabilitation referrals on a regular basis, and will review and assess individual vocational service planning on a regular basis

- **Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care.**

Clay County Response: Clay County has made significant progress on changing the reliance on corporate foster care as a primary model of care. We have worked with a community provider agency to develop and implement a program called *Independency by Design*, which is a technology based 24 hour response model for persons with disabilities living in their own apartments. This has been a popular alternative for those young adults transitioning out of high school. We have also had success with a number of folks transitioning out of a corporate level of foster care to this model of support. Clay County has worked with another community provider to develop, facilitate, and implement a Host Home model—utilizing family foster homes under the umbrella of the agency that provides the technical assistance, training, and ongoing support for the foster family in serving the person in care.

In our internal team consult process, we have institutionalized a process for each person presented for foster care that questions the corporate level of care and mandates that alternative methods of care be addressed and reviewed before corporate care can be approved, to include technology options and family foster care.

- **Develop and use visit sheets for case manager face-to-face visits with participants, their family, or provider staff.**

Clay County Response: Clay County reviewed other county tools used for the 6 month face to face visit in an effort to provide staff with an efficient way to conduct the visit and document the interaction and update for the clients plan of care and services. Such a document was revised to meet our needs and is available for our county staff use.

- **Clay County should focus on building capacity to serve participants from diverse cultural backgrounds.**

Clay County Response: Clay County has made efforts to facilitate discussions with a community agency serving persons with diverse cultural, language, and ethnic backgrounds. We have requested more resources for providing local interpreters, along with discussions on providing consultative services for our agency and staff to access when serving persons/families of a diverse background and cultural differences. The Public Health agency is required to use certified medical interpreters, and find this to be a limited resource within our area. This particular agency has agreed to work on obtaining such certification in addressing this gap in service for our community members. Our county is also working on offering space within our county agency building in an effort to have opportunities for networking across agencies and staff, and to offer quick and efficient access for those we are to serve.

Clay County is also fortunate to have recently had a new ARHMS provider certified to provide services in Clay County for those eligible persons with a focus on meeting the mental health needs of the Eastern African Population, with providers fluent in Arabic and Serbian along with the goal of having providers fluent in Spanish and Somali within the next year. In Clay County this agency will also have a

focus on meeting the mental health needs of homeless individuals and families, including providing onsite diagnostic assessments and psychotherapy.

- **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all these participants.**

Clay County Response: Clay County will take the opportunity to review the client numbers of those currently served with both a Rule 79 Case Manager and a Waiver case manager for the purpose of assessing the feasibility of transitioning those clients to a single case manager and plan.

Submitted by:

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