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Sent: Monday, March 04, 2013 3:51 PM
To: Meyer, Robert F (DHS)
Cc: Fleissner Paul; Behrends Jim
Subject: Response to Wavier Review Report

Hello Bob,

I am writing in response to your report from the Waiver Review Site Visit to Olmsted County in December, 2012. We appreciate the feedback in this report as well as when you were on site. We particularly appreciate the positive approach that your team and process takes, and your focus on strengths. We have shared these in particular with our teams here, as well as focusing on where improvements can be made.

Corrective Action Requirements:

- ✓ **Beginning immediately, ensure that LTC screenings for EW and AC programs occur within 20 days of referral.** We were surprised at this data and are looking into what is causing us not to meet our targets. We have processes in place to ensure timely initial assessments, which appear to be effective on the CCB side. We suspect that the issue may be due to delays within our financial unit in determining eligibility for payment of long term care in some EW/AC cases. We have seen a significant increase in having to re-screen individuals after 60 days because financial eligibility is not determined in a timely manner. In some instances we are rescreening individuals several times before financial eligibility is established. When these subsequent screens are entered into MMIS, the screening document auto-fills the referral date back to the original referral date. If that is not changed, these screenings would definitely appear to be past the 20 day timeline. We have requested this specific data from your team so we can determine exactly where the issues lie, and form our plan of action to correct. All AC/EW staff are aware of the 20 day timeline and will be reminded of this in monthly staff meeting on March 5, 2013. If assessment delays occur because the client or family choose to delay the assessment, this is documented in case notes.
- ✓ **Beginning immediately, include a back-up plan in the care plan of all CADI, CAC and BI participants.** My understanding of this issue is that several of the plans reviewed were incomplete, but all files had plans. We will review with staff the importance of completing the plan in its entirety and reviewing for accuracy at least annually.
- ✓ **Beginning immediately, ensure that each participant file includes signed documentation that participants have been informed of their right to appeal on an annual basis.** As we discussed during your visit here, we consistently use the document when waived services are initiated, terminated, denied or reduced, but

not annually. We have changed our annual reassessment and care plan packet to include right to appeal information.

- ✓ **Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.** This has been completed.

Recommendations:

- ✓ **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.** We believe that this is happening now, and that those who choose to work have that opportunity, and will ensure that this is being done. We have addressed that individuals are informed of their right to appeal annually as well.
- ✓ **Work to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCB and DD programs.** We completely agree with and share this goal and will continue will to increase focus on it. Many individuals have switched DT&H providers to one of the newer agencies, which trends to have many more opportunities for community based employment. SEMCIL, along with a group of advocates, are working to obtain grant dollars targeted for work opportunities for individuals with autism or mental illness.
- ✓ **Work with providers to develop services that the county needs to better support participants in their own homes and in the community.** We do feel that we do a good job of this. We have individuals who are very physically and/or medically compromised living in their own homes when this is feasible. We have variety of good service providers to support these individuals. It would be very helpful to have more accessible, affordable housing opportunities with readily available on site services, such as our ASI apartments. ASI is currently working on HUD approval for another unit in Rochester for the younger population, which could really help in this area. As you are also aware, we have developed several creative housing options for people with a variety of abilities and disabilities and have several more in the works at this time.
- ✓ **Consider using contracted case management services to expand your ability to provide culturally appropriate services to participants.** We will look into this, we are not aware of current local options/services, but it is a great idea. Some of our Somali and Asian clients do receive culturally specific targeted case management from a local agency, but that tends to be behavioral health clients.

- ✓ **Consider expanding the scope of visit sheets to include standard questions to document participant satisfaction and provider performance.** This is a good suggestion; we will look into modifying that form so it has more useful information.

- ✓ **When possible, assign one case manager to serve CADI participants with mental health needs, and use a single, integrated care plan for all of these participants.** We are a little confused about the first part of this recommendation, as we do have three bridge workers who are assigned most of the CADI/MH clients. We have had this practice in place for many years and are proud of it. When their caseloads are full, we must assign dual case managers to some CADI/MH clients, however. In addition, for a variety of reasons, it sometimes makes more sense to split the TCM and CADI case management roles between two workers. We will explore the single, integrated plan. Less paperwork is always a good idea!

- ✓ **Work to ensure that participant needs, along with health and safety concerns area well documented in the care plan.** We will provide training and include examples or thorough, complete care plans to staff at upcoming staff meetings.

Kind Regards,
Jennifer

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