

Waiver Compliance: Updated Corrective Action Plan March 21, 2014

Corrective Actions:

1) Beginning immediately, ensures 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.

St. Louis County PHHS has made significant changes that have moved us toward the goal of completing at least 80% of all LTC screenings within 20 calendar days from the date of referral.

- The Adult Mental Health South unit has faced major challenges since the 2012 waiver review. Four workers retired out of this unit and two additional staff left positions in this unit. New workers took on roles as CADI case managers. At the time of the Waiver Review, two workers in the unit managed waiver cases and completed the initial LTC screenings for individuals with mental illness. One worker had 116 participants on their case load and another had 121 participants. The current worker designated as the initial assessor for this group is limited to a case load of no more than thirty participants. This worker, starting in July of 2013, has completed over 90% of assessments within the 20 day timeline. If staffing issues arise, several experienced workers within the unit can step in as initial assessors.
- North St. Louis County has two mental health assessors. They have been compliant at a rate of 80% or greater. Staffing issues have very recently been a concern and a new worker has been hired to complete assessments.
- The North Elderly and Disabled unit reports no significant difficulties in completing assessments within the required timelines.
- The South Elderly and Disabled unit struggled in the past year to complete reviews within the required timeline. It should be noted that this is the unit that completes the majority of the initial assessments. Changes have been made that have made this unit compliant within the past two months.
 - Prior to the last several months, initial assessors were specialized into Elderly assessors and assessors who worked only with individuals under the age of sixty five. The assessors in this unit no longer specialize in working with just one age group and are more available to manage the volume of work should one group experience a higher volume of referrals.
 - Several new staff added to the unit in the past year have gained experience and are now able to manage a larger work load. The number of assessors overall has not increased. Significant turnover occurred that necessitated hiring several new workers and likely accounts for a slower than expected movement toward compliance.
 - The roles of assessors were redefined to focus more narrowly on assessment. A case manager now completes many of the activities involved in setting up new waiver cases. Previously, those duties were assigned to assessors.
 - Because the Center for Independent Living is now an enrolled relocation provider, they have begun to cover a portion of the workload that had previously been covered by county case managers. This allows nursing home assessors to focus on assessment.

2. 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.

There has been progress in completing care plans within 50 working days from the assessment. Compliance is strong in this area; however, there has been no formal method of readily monitoring compliance.

- In the South Mental Health Unit 220 plus CADI cases were divided between 9 case managers instead of the two workers previously assigned. No caseload exceeds 50 cases when the load consists strictly of Cadi waiver participants. This change has not been completed without challenges. Significant resources were devoted to training new staff. Overall, we feel the system was made stronger for Cadi waiver participants. Unfortunately, this may have come at the expense of targeted case management. This change in unit has taken place since July of 2013. Compliance in timeliness of the care plan development in the south mental health unit is just coming about in the last few months. More time will be devoted to tracking compliance and we expect to show much progress in this area.
- Improvements in work flow between assessor and case manager in the South Elderly and Disabled unit has created a more compliant practice. There have been significant improvements in the past four months in getting Community Support Plans out to new participants within the required timelines. A case manager is assigned to set up new waiver cases with the care plan prior to transferring individuals for long term care case management. Newer workers are trained to bring care plans to reassessment in order to continue to improve our compliance in this area.

3. Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved DHS waiver plans.

Through training initiated by the waiver coordinators and supervisory staff, waiver case managers were instructed to conduct and document face-to-face visits with participants every six months. Unfortunately, we are not able to improve across all units in this area due to caseload size. Because we cannot demonstrate compliance in the area, we will focus more attention on gathering the data that we need that will guide us toward a compliant practice. Most of our gains in compliance have taken place by redesigning workloads and responsibilities. The changes did not include adding staff members. The staff complement for assessment is not at an optimal level and is vulnerable to staff changes such as retirement and other vacancies. This can reverse progress toward compliance. St. Louis County awaits firmer timelines for the implementation of MNChoices. New staffing requests to county commissioners will be tied to the implementation of MNChoices. A predictable payment source for assessment needs to be in place in order to petition for new staff positions.

- The case load in adult mental health South is now divided amongst nine individual case managers with one of the individuals acting as the primary initial assessor. The changes in the mental health unit are too recent to confidently state that compliance with the six month face-to-face visits has been achieved.
- Adult Mental Health North has not reached compliance in this area.
- North Elderly and Disabled Unit is reporting compliance in completing the sixth month visit. They have historically been compliant in this area.
- South Elderly and Disabled Unit is not compliant in this area.

In summary, St. Louis County is 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 staffing levels required to assure compliance on an ongoing basis.