Waiver Review – Corrective Action Plan Steele County 5/29/2014

Corrective Action:

Beginning immediately, ensure that all participants have an individual care plan that is signed and dated by the appropriate parties within the past year included in their case file. All care plans must be completed and signed by the appropriate parties on at least an annual basis. Currently, there are three participants who do not have signed care plans in their case file including two out of 38 EW cases, and one out of 10 AC cases.

Resolution:

Case Managers will request Care Plan signatures at the time of the reassessment (as opposed to waiting until Care Plan is finalized and then mailing out the signature page for signature). If client is not willing to sign the Care Plan until after it is typed and finalized, the case manager will leave the file out of the cabinet as a reminder there is still missing information or utilize another method of reminder that will work best for them.

Corrective Action:

Beginning immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed. Steele County must assess and issue referrals to all working-age participants regarding vocational and employment opportunities. This documentation should be included in the assessment and care planning process. Of the 22 applicable cases, 27% did not have employment assessed. Most notably, 6 out of 9 CADI cases not have evidence that employment was assessed.

Resolution:

The DHS LTCC document (DHS 3428A) has been updated to include the following:

D.13 Are you interested in finding and exploring opportunities for work, with or without supports? This could include change in work if you are currently working or starting to look for work if you are not currently employed. (For school-age youth and working-age adults).

This field will be completed for all clients under age 65. If "Yes" is indicated, an employment plan will be addressed in the CSP.

Corrective Action:

Beginning immediately, ensure that all DD cases have a full-team screening document fully completed within the required time frames that includes the three required signatures and dates. Four out of 10 DD cases did not have all of the required signatures, including the case manager's signature, participant's or legal representative's signature and the QDDP's signature on the DD screening document.

Resolution:

Case Manager who was not aware of the need to sign the DD Screening Document twice is now aware of the information and will ensure all signatures are completed. If new case managers are hired in the future, Steele County will ensure this is a training topic,

Corrective Action:

Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit. Although it does not require Steele 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 consumer case file reviewed. This report required follow up on 16 cases. Steele County submitted a completed compliance report on April 25, 2014.

Resolution:

Case File Compliance Worksheet was faxed to Liz Freeman on April 25th, 2014.

Recommendation:

Include details about the participant's services in the care plan. The lead agency must document information about services in the care plan including the provider name, type of service, frequency, unit amount, monthly budget and annual allowed amount (MN Statute 256B.0915, Subd.6 and MN Statute 256B.092, Subd. 1b). The care plan is typically the only document that the participant receives about their needs and the services planned to meet those needs. This information is the minimum required to ensure the participant and their families are informed about the services they will be receiving. While 91% of case files reviewed included the provider name in the care plan, only 12% of cases reviewed included the annual amount allowed.

Plan:

Case Managers will utilize the case management budget worksheet and provide each client with a copy of this document along with their care plan.

Recommendation:

Consider developing additional systems or practices to support case managers during the merger with Waseca and Dodge Counties. From 2008 to 2012, caseloads in Steele County increased by 32% for AC/EW, 17% for CCB, and 11% for DD. With growing caseloads and increasing complexity of cases, administering the waiver programs and providing case management will become more complicated. The lead agency may want to consider several strategies to ensure staff are able to keep up with the increasing complexity of the waiver programs while also managing other responsibilities. Such strategies include: specialization for case managers by waiver program; create similar forms for use across the three lead agencies to promote consistency; and consider sharing an office support staff or case aide across lead agencies to assist in updating forms and creating packets to ensure forms are current. Thinking about ways to create more efficient practices with Waseca and Dodge Counties is important as the lead agency combines staff and business practices.

Plan:

Steele, Dodge and Waseca Counties are currently working together on an on-going basis to develop best practices, consolidate policies and procedures and develop an organizational chart based on ideal caseload sizes. The goal of MN Prairie will be to offer specialization whenever possible.

Recommendation:

Continue efforts to expand community employment opportunities for individuals with disabilities. Steele County has lower rates than its cohorts in the percentage of working age participants earning more than \$250 in income for the DD program (19.5% vs. 24.2%) and ranks 55th of 87 counties. Additionally, the percentage of working age participants earning more than \$250 in income for the CCB programs is 9.4% vs. 14.4% for the cohort which ranks 67th of 87 counties. Steele County should continue to build off of improvements that have been made around community-based employment. For example, continue to explore options like the Extended Employment program. The county should consider creating a Request for Information (RFI) for the community-based employment services to set expectations for providers and ensure they can be accessed by all participants regardless of the waiver program.

Plan:

Currently due to budget limitations, other service needs rise to a greater health and safety need than employment making it difficult to fund employment services. Expanding programs or developing new resources is great; however, if the funds are not available to support it this becomes a barrier.

Recommendation:

Work with providers and neighboring counties to develop services that support participants in their own homes and reduce reliance on more expensive residential care. Steele County has lower rates of participants served at home than its cohort in the CCB and elderly programs. Only 52.4% of CCB participants are served at home (72nd of 87 counties), 33.3% of DD participants are served at home (25th of 87 counties), and 40.8% of elderly participants are served at home (87th of 87 counties) indicating high use of residential services. The county should continue to be deliberate in developing service choices that are appropriate for the needs of participants, which may include partnering with neighboring counties with similar needs or service capacity or drawing ideas and resources from the work that has been done in this area by other Region 10 counties. This could include developing 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. To plan for the future, the county should work across populations to ensure access to participants regardless of their age or disability. By supporting more participants to live independently, space in residential settings will become available to fill other service gaps such as serving those with high behavioral needs. Once this happens, the county should work with providers to repurpose the vacant foster care beds to meet emerging needs.

Plan:

Steele County has been faced with many high needs individuals, especially in the area of mental health. The Steele County waiver team always suggests or recommends less restrictive alternatives to placement whenever possible. With the exhaustion of our budget we will need to become creative as we move towards serving individual to ensure we can serve as many individuals as possible.

Recommendation:

The lead agency should consider bringing Adult Mental Health expertise to Human Services. Steele County would benefit formalizing the communication process between Human Services and the contracted agency, especially for CADI participants with high behavioral needs. Holding regular joint meetings and trainings with both departments would allow case managers to work more closely and build relationships with one another. In addition, the lead agency could develop a care plan format that meets all requirements for waiver participants and Rule 79 case management. This would allow participants to reference one care plan document for all of their program needs. Examples of an integrated care plan format, such as one from Wabasha County, can be found at www.MinnesotaHCBS.info/

Plan:

Adult Services Supervisor will follow up with Supervisors in the mental health area to review the integrated care plan created by Wabasha County and determine if this is a plan Steele County could implement. CADI case manager currently informs mental health case manager of each review and invites the case manager to attend. Mental Health case management meetings are held each Thursday and this time is available for the CADI case manager to attend if there is a need to share information or staff cases.

Recommendation:

Steele County should enhance the current provider monitoring practices and create visit sheets to use consistently across waiver programs. Visit sheets can be used to document face-to-face visits and fulfillment of the services outlined in the care plan. Currently case mangers complete another LTCC reassessment every six months. Instead of this lengthy process, the agency should consider using a visit sheet form every six months. Specifically, visit sheets can be used to note changes or additional needs of a participant, document participant feedback, and monitor provider performance. The lead agency should consider adopting this practice in order to document participant satisfaction with providers in case files, as only 23% of case files reviewed in Steele County included documentation of participant satisfaction.

Plan:

Case Managers will no longer complete another LTCC at the 6 month reassessment. Instead, the case manager will document a case note based on the visit where any concerns, updates, etc. will be addressed. Currently each waiver client receives a consumer satisfaction survey annually. This survey does address participate satisfaction with providers as well as with Steele County Human Services. Although this information is not filed in the client's file, the feedback is provided to the case manager for any necessary follow-up.

Submitted by: Tara Watson, Adult Services Supervisor Steele County Human Services