



Health & Human Services

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Julie Stevermer, Director

June 17, 2013

Kim Anderson
Minnesota Department of Human Services
P.O. Box 64941
St. Paul, MN 55164

Dear Kim:

Mower County Health and Human Services has completed our written response to the Waiver Review Initiative Report issued on June 5, 2013. Plans to address both the corrective actions and recommendations are detailed in our response. Please let us know if you have questions or need further information or clarification on what we have submitted.

Thank you!

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Stevermer", is written over a large, stylized flourish that extends to the left and underlines the signature.

Julie Stevermer
Director
Mower County Health and Human Services

**Mower County
2013 Waiver Review Initiative
Correction Action and Recommendation Plan**

CORRECTIVE ACTIONS

Corrective Action:

Beginning immediately, ensure that LTC assessments for CAC, CADI, and BI programs occur within 20 days of referral.

Corrective Action Plan:

The CCB unit has looked into the root cause of this problem. We were made aware that an incorrect code was being used when entering the LTC screening document. Box 11, activity type, was being coded incorrectly. The unit had been coding with a 02, new assessment, instead of a 06, reassessment, when the screening was completed from an intake. We are now aware we only use a 02 code when it is the very first time screening/entering LTC. This coding error was discussed in length at the unit meeting on 6/13/13. All case managers are aware of the requirements along with office support staff that enter the documents.

Corrective Action:

Beginning immediately, ensure that care plans for HCBS participants in all programs include the required documentation of participants' needs and health and safety issues.

Corrective Action Plan:

Beginning immediately, the care plan will meet all care plan requirements as outlined in the DHS care plan audit protocol including the following:

- Identification of member needs and concerns.
- Goal created for each identified need found in the LTCC.
- Goals and target dates, with a month and year.
- Interventions.
- Documentation of monitoring progress toward goals, interventions, and services.
- Outcomes and achievement dates with a month & year.

Follow-up plan for contact for preventative care, long term care and community support, medical care, or mental health care, or any other identified concern. Caregiver support is planned, if applicable. Community support plans will be developed and contain at the minimum the type of services to be furnished, the amount, frequency, duration and cost of each service and the type of provider furnishing each service including non-paid care givers and other community supports or resources. UCare training staff will conduct trainings on the duties of a Care Coordinator/Case Manager beginning June 28th. The staff will also be educated on the DHS audit tool and what is needed to meet requirements. Those staff missing the training will receive the training material and will be required to review. An audit will be conducted twice a year by the Supervisor and LTC Lead using the DHS audit tool.

Corrective Action:

Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.

Corrective Action Plan:

Case Managers/Care Coordinators for CCB, AC, and EW began providing the Right to Appeal Form for all participants receiving an assessment and annual reassessment beginning April 4th, 2013. Client signatures are also obtained during the assessment/reassessment process. Chart audits will be conducted twice a year by the supervisor and LTC lead to screen for this missing element.

The DD unit included the right to appeal form in the annual packet effective April 4, 2013. In addition to the form being in the packet, the supervisor will complete a random file review of 5% of all of the DD waiver cases on a quarterly basis starting July 1, 2013 to ensure files have all of the required documents and signatures.

Corrective Action:

Submit the Case File Compliance Worksheet within 60 days of the Waiver Review Team's site visit.

Corrective Action Plan:

The Case File Compliance Worksheet was completed and submitted to the Waiver Review Team on May 21, 2013.

RECOMMENDATIONS

Recommendation:

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.

Recommendation Response Plan:

Mower County DD unit will include this information in the initial and annual packet effective July 1, 2013. This information will be paired with a signature sheets to acknowledge that it was received by the participant. The right to appeal information was addressed in the Corrective Action Requirements Section.

Recommendation:

Develop case load management systems or practices to support case managers.

Recommendation Response Plan:

Mower County Health and Human Services has incorporated the following goal into its 2012-2015 Strategic Plan under 'Service Delivery Systems:' Develop standards for best practices (caseload, workload and program standards). The Mower County Board of Commissioners have received caseload and best practices information as a result of being involved in a 2012 twelve county human services delivery authority proposal and a 2012-2013 four county human services delivery authority proposal. This included supervisor to worker ratios. Additionally, the County Personnel Committee has received a "Caseload Sizes" document completed by the Health and Human Services Director that addresses current caseload sizes and recommended caseload sizes as well as supervisor to worker ratios. Last but not least, FTEs and cost projections have been completed to demonstrate how Mower County Health and Human Services will need to be staffed in order to meet the performance outcome measurements outlined in Minnesota Statutes, Chapter 402A.

The Mower County Board of Commissioners will be approving/denying a resolution to move forward in four county SDA model on June 25, 2013. If the Board opts to discontinue Mower County's involvement in the SDA, then Health and Human Services will proceed forward with recommendations to address "best practices" for caseload management in the 2014 budget. Recommendations will include expanding contracted case management services in preparation for MnCHOICES.

Recommendation:

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.

Recommended Response Plan:

The Minnesota Department of Human Services Disability Services Division completed a report on "Minnesota Case Management Reform" in February 2013. The report was completed as a requirement by the 2012 Minnesota Legislature to address recommendations to reform Medicaid case management services. The report addressed the challenges of overlapping and duplication of services and variations on rules, standards and reimbursement including multiple case managers working with the same individual. The challenge for Mower County becomes one worker needing to meet case management knowledge expertise for Rule 79 case management and waiver services: billing reimbursement and payment methodology differs and so do the criteria/eligibility for services the client is able to receive.

Mower County contracts with local providers for Rule 79 case management services and CADI case management is completed by county case managers. The County will explore its options for assigning one case manager to serve CADI participants with mental health needs via a contracted provider or enhanced training for a CADI worker. The county will also weigh the option of an in-house CADI/AMH case worker opposed to a contracted position.

Recommendation:

Mower County should update care plan formats to ensure that the care plan is a person-centered and participant friendly document in addition to including required information.

Recommendation Response Plan:

The DD unit supervisor will provide specific examples of a person-centered and participant friendly care plan to staff at a weekly staff meeting in July, 2013. The DD unit supervisor will review the importance of a person-centered plan during a weekly staff meeting in July, 2013 and have an open discussion with staff on how to obtain this type of document. The DD unit supervisor will review the care plans during the random quarterly file review as referenced in the Corrective Action Requirement section starting July 1, 2013.

Recommendation:

Maintain focus and expand planning efforts for critical service needs that promote sustainability and quality of life for waiver participants.

Recommendation Response Plan:

The DD unit began conversations with community providers in April 2013 regarding the need for after-school care programs. The DD unit and CADI unit are exploring the current needs of the community for open beds as they become available. The DD unit has begun working with a provider to bring some of our individuals in outlying counties back to Mower County. In addition to that focus the DD unit is working with an ICF-DD

provider to create a development for our transitional age population. This model has been very successful in Mower County for other populations.

Recommendation:

Create visit sheets and use them consistently across the waiver programs to document provider performance and consumer satisfaction.

Recommendation Response Plan:

Mower County will review Region 10’s current practice and tools to capture participant satisfaction and visit sheets during the July 2013 Regional Meeting. Mower County will internally review the information gathered from the region and implement what will work best for this county by November 2013.

Recommendation:

Mower County has reserves in the CCB budget and is able to provide additional services to participants these programs.

Recommendation Response Plan:

Beginning July 1st, 2013, the CCB unit will be utilizing the accounting unit for waiver budget management. Accounting will create a spreadsheet with current participants and expenses. This spreadsheet will be updated as changes occur and will give the CCB unit a more “real time” overview of the budget. Mower County is also exploring different avenues to alleviate the burden of high caseloads. The goal is to lessen case load sizes so case managers can add more participants or enhance services for current participants.

Mower County Health and Human Services recognizes our organizational structure is administratively lean from a supervisory perspective and our recommendations to the Mower County Board of Commissioners if they opt out of the four county SDA proposal is to add one Waiver Supervisor. This recommendation will be part of our 2014 budget. This supervisor will be able to focus on developing expertise in the administration and supervision of waiver programs, supervision of waiver staff, performance outcome measurements and work with our accounting unit’s expertise to help manage waiver allocations more effectively.

Julie Stevermer
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