

**Rice County Corrective Action Plan
County Response November 25, 2014**

Rice County's Home and Community-Based Service (HCBS) Waivers were reviewed by the Waiver Review Initiative August 2014. The primary goal of this review was to assure compliance by Rice County in the administration of Minnesota's Home and Community-Based Service Waivers. Please accept this as the Corrective Action Plan for Rice County.

Beginning immediately, ensure that LTC screenings for CCB programs occur within required time frames.

Rice County Social Services will complete 80% of all LTC screenings within 20 calendar days from the date of the referral. If the assessment is delayed due to a participant's choice, the assessor will document this in case dictation. Supervisor will maintain a spreadsheet of all intakes and monitor compliance. Review of past practices identified coding errors on screenings which will be avoided in the future.

The following required Corrective Action requirements will be addressed for AC, EW and CAC program participants. (Submitted by Rice County Public Health)

Corrective Actions:

- 1. Beginnings immediately, ensure that each EW participants case file includes signed documentation that participants have been informed of their right to appeal on an annual basis.**

Supporting Information: It is required that all HCBS participants have completed documentation of their informed right to appeal included in the case file.

Response: The Right to Appeal document will continue to be given to clients annually and their signature acknowledging receipt is now included in several separate documents including the Rice County Public Health Nursing Release of Information, the CSP/CSSP, the Collaborative Care Plan and the AC program Disclosure and Agreement, and the Requirements of Program Participation page and will be kept in the case files as documentation.

- 2. Beginnings 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.**

Supporting Information: All EW care plans for participants receiving 24-hour supervision residing in a customized living setting must be updated with this information.

Response: This information was presented to applicable staff members as discussed during a LTC meeting regarding the DHS waiver review results and follow up needed. Staff have been instructed to include this information in the care plan and documented elsewhere in the client file as needed.

3. Beginnings immediately, ensure that each working-age participant's case file includes documentation that vocational skills and abilities have been assessed.

Supporting Information: Rice 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.

Response: This information is now included within the updated LTCC assessment form (DHS-3428 updated 5-14, Section D) and will be completed at the time of the annual assessment.

Recommendations/Best Practice:

1. Beginnings immediately, include a back-up plan in the care plan of all AC program participants.

Supporting Information: 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
3. Back-up staffing plans in event that primary staff are unable to provide needed services.

Response: All AC program participants' documentation will include Backup Emergency Plans within the Care Plan/Community Support Plan. As routine practice, each program participant may also have an "Emergency Plan" Form placed in the clients file. This is an agency produced form.

The following required Corrective Action requirements will be addressed in a Case file review Checklist for the CADI and Brain Injury waiver files.

- 1. 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.**
- 2. Beginning immediately, ensure that each participant case file includes signed documentation that participants acknowledge a choice in care planning and services.**
- 3. Beginning immediately, ensure that all participants have emergency contact information that is current within the past year included in their case file.**
- 4. Beginning immediately, include a back-up plan in the care plan of all CCB program participants.**
- 5. Beginning immediately, ensure that all LTC participants include a completed OBRA Level One form in their case file.**
- 6. Beginning immediately, ensure that each participant case file includes signed documentation that participants have given informed consent to release private information.**
- 7. 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**
- 8. Beginning immediately, ensure that each participant case file includes signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes on an annual basis**
- 9. Beginning immediately, ensure that all care plans include information documentation that vocation skills and abilities have been assessed.**

Rice County Social Services will be requiring the following information be verified annually in a checklist for each CADI and Brain Injury file.

- 1. Signed Care Plan/Signature page– Signed and Dated by CM and individual/legal rep. Finalized written coordinated service and support plan within ten working days after the case manager receives the plan from the certified assessor.**
- 2. Documentation of Participant Choice.**
- 3. Documentation of a Back-up Plan.**
- 4. Documentation of emergency contact information.**
- 5. A completed OBRA Level One form in their case file.**
- 6. Release of Information/Informed consent form signed annually State Wards need second person signature – Supervisor**
- 7. Signed documentation that participants have been informed of their right to appeal.**
- 8. Signed documentation that participants have been informed of the lead agency's privacy practices in accordance with HIPAA and Minnesota Statutes**
- 9. Documentation that vocational skills and abilities have been assessed**

The following required Corrective Action requirements will be addressed in a case file review Checklist for the DD waiver files.

- 1. Beginning immediately, ensure that all DD cases have a full-team screening document fully completed that includes the three required signatures and dates.**
 - 2. Beginning immediately, include a back-up plan in the care plan of all DD program participants.**
1. DD case manager's file compliance checklist of required documents will be modified to add the verbiage "Documentation that the DD case file includes a full-team screening document that includes the three required signatures and dates."
 2. DD case manager's file compliance checklist of required documents will be modified to include the inclusion of a backup plan. This verbiage has been imbedded into our DD CSSP template and the checklist will assure compliance.