

Washington County Corrective Action Requirements

A large aspect of the Waiver Review Initiative is to assess the extent to which HCBS programs at the county level are meeting state and federal requirements. When a county is found to not be consistently meeting specific guidelines, corrective action to amend any gaps will be required. The following are areas where Washington County will be required to take corrective action. Correction actions are cited when it is determined that a pattern of noncompliance is discovered. There may be needed follow-up with individual participants when the noncompliance is more incidental in nature.

1. Beginning immediately, ensure that 80% of LTC Screenings for CCT and elderly programs occur within 10 days of referral. State legislation requires that LTC screenings should be conducted within 14 days (10 business days) of a request for screening, which is defined as the date the assessment is requested. Currently, 27% of screenings for CAC, CADL and TBI participants and 43% of screenings for EW and AC participants occur within the 10 business day timeframe. If a screening cannot take place in the required time period, document the reason for the delay in the participant's case file.

Action Plan:

We have reviewed with our case managers that 10 day LTCC screens need to be a priority. We have instituted new tracking mechanisms to monitor compliance. We have instituted protocols that better define the actual date of the screening request when complete client information has been obtained, versus the initial call for information. When sufficient information has been received, the call for information will be referred for a LTCC screen.

2. Beginning immediately, case managers must conduct face-to-face visits with participants as required in the federally approved waiver plan. While biannual visits are required for all DD waiver participants, 34% (15 of 34) of DD waiver participants had only annual visits. In seven of these cases, the case manager had documented face-to-face visits with the guardian on at least a biannual basis, but did not document the same level of contact with the participant. Visits are a key quality assurance method.

Action Plan:

Immediately inform case managers that there must be at least two face-to-face contacts per year for every DD waiver participant. Documentation of biannual contacts with guardians is not sufficient, and the same level of contact with the participant is required. Face-to face contact with waiver participants, including the date of the visit, must be documented in case notes.

To assure compliance, documentation of the biannual participant contacts will be included in the existing checklist of requirements for random monthly case file audits conducted by supervisors AND the annual service authorization checklist that is submitted by case managers for approval prior to authorization of services in MMIS.

3. Beginning immediately, ensure that all full-team DD screening documents and DD individual service plans have the two required signatures. It is required that the DD screening document and the DD individual service plan are signed and dated by the case manager and either a participant with their own guardianship or a participant's legal representative. Twenty percent (20%) of DD screening documents (9 out of 44 cases) do not include the two required signatures. Eleven percent (11%) of DD individual service plans (5 out of 44 cases) do not include the two required signatures.

Action Plan:

Immediately inform case managers that there has been a gap in compliance with this requirement and that they must be diligent in assuring that the dates and signatures are present on full-team screenings and individual service plans.

To assure compliance, full team screenings will be checked for signatures and dates prior to entering in MMIS, confirmation of the required two signatures on full-team screenings and individual support plans will be added to the supervisor's checklist for random monthly case file audits, AND the signature page of the individual support plan will be included on the annual service authorization checklist that is submitted for approval prior to authorization of services in MMIS.

4. Within 30 days, assess your DD waiver caseload and complete new full-team screenings for all participants that do not have a current full-team screening document in their file. Two full-team DD screenings were not current as they had been completed over six years ago. One full-team DD screening did not have the current guardian's signature.

Action Plan:

Use the MR/RC Waiver Management System 3.1 to attain a list of names of participants who are currently due or overdue for full-team screenings and notify the assigned case manager of the need for a new full-team screening within the next 30 days and prior to April 16, 2008.

Instruct case managers to develop a list of their assigned participants that includes the date the next screening is due and implement a system to remind themselves the screening is due prior to the expiration date.

Inform or remind case managers that new full-team screenings are also required when a consumer has a significant change in needs or circumstance. This instruction will include examples of changes in needs such as high school graduation.

Assure compliance by adding verification of the date of last full-team screening to existing list of requirements for random monthly case file audits by supervisors, and confirm by reviewing Waiver Management System 3.1 monthly updates.

5. Within 30 days, designate separate case management and guardianship roles for all participants with public guardianship. Ensure that a designated guardian signature and case manager's signature appear on all care plans, DD screening documents, informed consent and rights documents. For HCBS participants with public guardianship, it is required that one staff maintains the role of case manager and a separate staff member maintains the role of guardian. In the case files reviewed of DD waiver participants with public guardianship, both roles were frequently being held by one case manager. When one person is holding both roles, they are unable to provide informed consent or true choice on behalf of the participant.

Action Plan:

Inform case managers that this policy is in place, and implement a plan to meet the requirement that one staff maintains the role of case manager and a separate staff member maintains the role of guardian. Signatures of separate staff in each of these roles will be on all documents listed above.

Assure compliance by including verification of the two roles for participants with public guardians on the supervisor random case file checklist AND the annual service authorization checklist that is submitted for approval prior to authorization of services in MMIS.

6. Include a back up plan and emergency contact information in the care plan of all CADI participants. All care plans must be updated with this information within six months. This is required for all CCT programs to ensure health and safety needs are being met in the community. In Washington County, 22% (4 of 18 cases) of CADI care plans were missing complete documentation of a back-up plan and emergency contact information.

Action Plan:

We reviewed with CCT case managers that the emergency back-up plan is statutorily required for all CCT cases. Supervisors will monitor CCT case files to assure this form is contained in the case file. This plan will be reviewed with the client at the annual re-assessment for accuracy.

7. When participants use services in another county, maintain copies of all host county contracts and current signature pages to ensure a current host county contract exists and is valid for the services purchased by Washington County. Securing evidence of a current service contract is the responsibility of the county of responsibility. Three of five host county contracts were not current for services to be provided.

Action Plan:

According to our records, two of the five host county contracts reviewed were not current for the audit. Although they had been requested, the host counties did not yet have fully executed contracts in place. Both contracts are now complete and on file. To ensure that all host county contracts currently utilized are on file, contract staff has requested a list of all providers with current MMIS Service Authorizations from case managers and will be comparing those to current host county contract files. Any missing contracts will be

obtained immediately from host counties. Changes in HCBS contracts (i.e. counties including an extension clause in contracts) and in Washington County host county contract procedures (i.e. requesting updated contracts quarterly) will alleviate this in the future.

Finally, Washington County supports the creation of a statewide database containing all current county contracts for HCBS providers. Such a database would help to reduce the burden on county contract staff, elevate the need for paper files, and reduce the duplication of efforts.

8. Beginning immediately, ensure that the completion of care plans for CCT cases occurs within 10 days of the assessment. State legislation requires that care plans be completed within 14 days (10 business days) of the completion of the assessment. Currently, two out of five TBI care plans and 17% of CADI care plans (3 out of 18 cases) were not completed within this timeframe.

Action Plan:

An initial CCT care plan will be developed at the LTCC screen based upon information about the client's service needs. If possible, the client will sign the care plan at that time. If more revisions to the plan need to be made, the plan will be amended, finalized and signed within 14 days (10 business days) after the LTCC.

Recommendations

The following are recommendations developed by the Waiver Review Team and are intended to be ideas and suggestions that could help Washington County work toward improving HCBS program administration. Unlike the following section, *Corrective Action Requirements*, Washington County is not required to act upon these recommendations.

1. Work across Public Health and Community Services to discuss service planning for gaps that Washington County will face in the future, such as services for children and adults with autism and services for the aging and more medically fragile population of persons with developmental disabilities. Consider integrating common functions across agencies, such as rate setting, contracting and operational practices to streamline HCBS program administration across departments.

Response:

Community Services would welcome a statewide policy and practice group that would, hopefully, be led by DHS to discuss and plan for the future service needs facing the State related to individuals who are aging and those with autism, especially those within the upper range of the autism spectrum who do not qualify for services. The percentage of individuals with autism has grown, and how the waiver programs will address the needs of a large group of children as they become adults in a few years has been a concern to counties. This is an issue that needs statewide study and an evaluation of best practices for this disability group. Washington County will continue to evaluate the gaps for all of our disability groups and plan for their needs as resources become available.

Community Services and Public Health supervisors will receive training and evaluate methods to use a rate setting tool to help establish rates that are consistent across waivers. We have worked on some standards and guidelines across departments for waivers that have worked well, and we will evaluate whether this can be expanded.

2. Continue to work with neighboring counties to fill service and provider gaps and increase provider capacities in more sparsely populated areas. Together, use a Request for Assistance (RFA) process or work with existing provider networks to respond to Washington County's unmet long-term care service needs for HCBS participants, such as homecare and vocational services.

Response:

As noted in the report, the County has strong relationships with providers, and we have worked with specific providers to develop specialized services when needed. We also utilize host county contracts when applicable, and the County has issued formal Requests for Proposals (RFP) to resolve unmet needs for HCBS clients.

The County participates in a group of 7 metropolitan counties that are developing alternative services to traditional licensed day training and

habilitation services. Emphasis is placed on supported employment in the community with natural supports. This group has facilitated the development of ten new contracts to provide alternative services across the metropolitan counties.

3. Build on Washington County's strong practice of systematically collecting participant satisfaction information at biannual visits through the use of the quality assurance visit form by expanding this practice to the DD waiver program.

Response:

Although Developmental Disabilities currently has a system to collect data on consumer satisfaction, the system has not been effective in receiving high levels of consumer response. The use of the assurance visit form or a modified version of the form will be explored to increase consumer response and provide agency wide consistency on consumer satisfaction data collection.

4. Enhance the case file auditing process in place by supervisors by reviewing more complex cases and looking at qualitative aspects of the individual service planning, including whether participant needs are met, creative use of services and case manager responsiveness to participant challenges. Auditing is an effective way to identify and extend promising individual care planning practices across HCBS programs and units.

Response:

All of the waiver programs will explore enhancing the current case file auditing process by including categories for responsiveness to needs and creative use of services.

5. Consolidate contract and rate setting functions across Community Services and Public Health and streamline the contracting process by creating one umbrella contract for all HCBS programs across Community Services and Public Health. This will reduce contract duplication across departments and expand providers' ability to serve all HCBS participants. Ensure consistency in service rates by developing a standard rate-setting methodology across providers in Community Services and Public Health. Consistently incorporate references to participant care plans in the contract template and inform case managers that providers are bound to provide services as outlined in the participant care plans. Require all residential providers (Assisted/Customized Living, foster care and supported living services) to submit quarterly reports on participants' progress to case managers. This is an additional way to monitor provider performance.

Response:

While very similar, the boilerplates and attachments for Community Services and Public Health contracts are not identical. Contract staff agree that this change would be beneficial and have set the goal of drafting an umbrella contract for 2009 renewals. Community Services and Public Health utilize one another's contracts regularly.

In 2008, the departments agreed to break apart a contract with a specific provider, as Community Services held the contract, but did not utilize some of the services and, therefore, felt uncomfortable monitoring those services. While it does create duplication in contracts, it is an isolated incident and it was done with the goal of improved monitoring and quality assurance. Staff from the departments will discuss other solutions to the monitoring challenge to avoid future duplication.

All contracted providers for Community Services are required to complete outcome reports for monitoring purposes. For residential providers, the frequency of the reports depends on their service. Assisted/Customized Living contracts renew in 2009 and the reports will be updated and possibly require quarterly submission as recommended by DHS.

6. Inform case managers of contractual expectations relating to the provider's services and staffing and adding several questions to the case manager's site visit tool to monitor provider performance. Continue the requirement for annual performance outcome reporting and share these reports with case managers.

Response:

Case managers are an excellent source for monitoring provider performance. Contract staff for Community Services has offered to add items to the site visit tool, present outcome measures at unit meetings. It is, however, important to note that official site visits are not the responsibility of case managers and the County needs to be careful not to over-burden case managers.

7. Continue to execute multi-year contracts with contract renewal dates staggered over several years to reduce the amount of contract maintenance required. Add provisions in all contracts that would allow the Director or Managers to (1) extend the contract "as is" for 90 to 180 days and (2) update rates, service definitions and reporting requirements by attachments. This would assure that contracts and contract rates are kept current when additional time is necessary for their execution. Updating rates, service definitions and reporting requirements by attachments allows the agency to update the contract without having to replace it entirely.

Response:

HCBS contracts for Community Services range in length from 18 months to three years. Additional steps were taken in 2008 to stagger the expiration date, to avoid the December 31st rush. Also, all contracts that renewed or began on or after January 1, 2008 contain a 90 day extension clause.

Community Services uses attachments (also referred to as exhibits) for rates, service definitions, and/or reporting requirements. Amendments are issued for changes in reporting requirements and/or service definitions. However, they are not issued for legislatively mandated rate changes (i.e., annual GRH increase or recent COLAs). The County Attorney's office has informed contract staff that formal contract amendments are required for updates to attachments and anytime a specific rate/number in a contract is modified.

Amendments for all of the HCBS waiver contracts are very time consuming and challenging given limited contract staff. Therefore, all contracts include language notifying providers that amendments are not issued for rate changes, and contracts issued in 2008 state that current rates are found in MMIS Service Authorizations.

8. As a part of the contracting process, develop a standard rate-setting methodology across providers in Community Services and Public Health for the same types of services. This is especially important for residential rates that take up a substantial portion of your budget, such as corporate foster care and assisted living providers. Include the rates or rate setting tools in contracts or contract attachments.

Response:

A standard rate setting tool can be included as an attachment to the contract. However, as outlined above, listing specific rates in contracts creates an excessive burden on contract staff due to the large number of amendments.

Two staff from Developmental Disabilities attended a two day conference in 2007 with John Villegas-Grubbs to explore a standard rate setting tool. This tool, along with other metropolitan county methods, will be explored in 2008 for developing standardized rate setting across the different waiver programs in the County.

9. The CADI program has been growing rapidly in Washington County as there are no longer enrollment limits for this program. As CADI participants are added to case managers' caseloads, monitor their workload closely, and make necessary adjustments. Often, CADI participants have complex needs and require more intensive case management services.

Response:

All staff needs for are evaluated on an annual basis as part of the budget process for the next year.

10. Update DD screenings when substantial changes occur to assure continuity between the screening, individual service plan and service agreement. Three full-team DD screenings were not current because the participants had graduated from high school and started receiving new services, but there was no new screening to reflect these changes.

Response:

Training will be held for all social workers in Developmental Disabilities to review requirements for full team screenings.