

Waiver Review Project
Chisago County
Corrective Action Plan

Recommendations and Corrective Action Requirements-December 16, 2008

The following are recommendations and required corrective actions developed by the Waiver Review Team. The recommendations are intended to be ideas and suggestions that could help Chisago County work toward reaching their goals around HCBS program administration.

Corrective action requirements are areas where Chisago County was found to be inconsistent in meeting state and federal requirements and will require a response by Chisago County.

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.

Recommendations

The following recommendations would benefit Chisago County and its HCBS participants.

- Outline provider expectations in the contracts by requiring Assisted (Customized) Living providers, home care providers and other residential and day providers to submit quarterly reports on participant's progress to case managers. The reports can be used as a quality assurance measure to validate that services are being provided.

RESPONSE: CCHS contract manager has implemented language in provider contracts which outline client population served, units and rates, method of payments, and licenses held by the provider. The contracts are accessible to all case managers via a shared drive and case managers are being encouraged to view them as a usual practice. Both Individual Service Plans and Contract language support submission of status reports at least bi-annually. Contract management staff are working on an electronic form for providers.

- Add language to the contracts that will help support participants to stay in their place of residence as their needs become more challenging. For residential providers, define the process for changing rates in the contract. For Assisted (Customized) Living Providers that are attached to a nursing facility, add requirements that providers must notify the County before a participant is moved to the nursing facility. This will encourage providers to continue serving participants in their current place of residence as their needs change.

RESPONSE: Chisago County has recently adopted the tool setting methodology developed by John Vegas Grubbs. Our contract managers and case managers have attended the DHS trainings regarding this tool. Case management staff and contract managers have attended the DHS Customized Living Tool training in December, 2007. Will include in contract language the requirement that AL clients must follow nursing home authorization regulations when seeking

nursing home placement from an ALF to nursing facility. Chisago County Long Term Care Staff held a training for nursing home social work staff on OBRA requirements and nursing home authorization on November 21. All of our nursing homes were represented.

- Train case managers in providers' basic contractual responsibilities and establish a mechanism for case managers to evaluate contractual compliance when conducting participants' visits, such as using a visit sheet to document provider staffing levels and whether participant outcomes are being met. Case management visits are one of the most effective methods of monitoring provider performance. Case managers frequently observe providers while visiting participants. If case managers identify problems with providers, they should alert the contract manager.

RESPONSE: CCHS contract managers are developing a user friendly one page informational sheet on each contracted provider. It will contain information on client population, current license information and rate information. Training will be done with case managers to use this sheet on their annual visits to enhance other quality assurance efforts.

- Consider working with providers to address Chisago County's unmet needs for services particularly in the area of community-based employment in the CCT and DD programs and the development of services to support participants in the CCT program at home. Seek out new providers through a Request for Assistance (RFA) process or work with existing providers to develop needed services such as community-based employment opportunities and in-home support packages. Services such as respite care, home modifications, homemaker and adult day care will help support participants in their homes as their needs change.

RESPONSE: Chisago County is working with current providers to improve our collaboration efforts to encourage more community based employment opportunities.

- Develop a formal process to communicate policy changes with case managers. Currently, information on policy changes and training opportunities is communicated informally from case manager to case manager. This does not result in systematic and consistent communication about HCBS programs across the agency.

RESPONSE: CCHS policy manual is made available to all CCHS personnel. We will be reviewing one internal policies at each of our quarterly waiver managers meetings. We will continue to offer DHS trainings on policy changes to case managers as they become available. Supervisors will discuss ongoing policy changes at regularly held staff meetings. The Human Services Director will continue to review current bulletins with supervisors as they become published.

Corrective Action Requirements

The following are areas in which Chisago County will be required to take corrective action.

- Beginning immediately, ensure that 80% of LTC Screenings for CCT programs occur within 10 days of referral and that 80% of DD screenings occur within 90 days of referral. State legislation requires that LTC screenings should be conducted within 14 days (10 business days) and that DD screenings should be conducted within 90 days of a request for screening, which is defined as the date the assessment is requested. Currently, 45% of screenings for CAC, CADI and TBI participants occur within the 10 business day timeframe and 25% of screenings for DD participants occur within the 90 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.

RESPONSE: We will meet with Chisago County intake staff to ensure that staff are able to determine whether a call/contact is for information vs a request for service.

For long term care, the supervisor will monitor the screening date after the intake has occurred.

For Developmental Disabilities there is a letter that is sent to a potential client/family when a request for service has been made. This letter outlines all of the documentation that is required to determine eligibility. We will add to this letter "MN statute requires that we determine eligibility within 90 days of the request for service. If we do not have all of the information we require at that time, we will close the intake until we receive it." We will also modify that form for a closure letter which will inform the client/family that we do not have the information we need to determine eligibility, outline what is missing and instruct the client/family on how to get an intake re-opened. The supervisor will monitor the screening date after the intake has occurred.

Supervisors will continue to work with staff to ensure documentation of reason for screening delay.

- 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 and CCT waiver participants, three out of twelve CADI participants (25%) and one out of thirteen DD waiver participants had only annual visits. Visits are a key quality assurance method, and help to ensure participant health and safety and person-centered care.

RESPONSE: All client service plans (ISPs) will have a template addition which will be filled in by case manager when bi-annual and annual visits are made. For long term care staff, they are now performing re-assessments every six months. Team leaders and supervisors will perform random audits throughout the year to assure visits are being made and documented.

- Complete a TBI Waiver Assessment and Eligibility Determination Form for all participants in the TBI program that do not have this form within the next 30 days. 3 Maintain this form in the case file and update it annually. One of the five TBI cases did not include this form in the case file and another two TBI cases had a form that was not current.

RESPONSE: CCHS case managers will assure these forms are completed in the next 30 days. The forms will be included in our screening and re-assessment packets. This will be communicated to staff by the end of this year.

- Effectively immediately, secure signed contracts for all providers that serve home and community based participants in Chisago County. Currently, Chisago County participants are being served by one home care provider and one out-of-County personal care provider where there is no evidence of signed contracts.

RESPONSE: Chisago County had one signed, fully executed host county contract whereby the Amendment Document had all required signatures. Chisago County has now obtained the fully signed original document from the host county and it is now on file in the county offices.

As relates to the provider in use with out a contract, Chisago County has completed the host county contract that was in process at the time of the review. This contract has been completed and executed.