

Ramsey County Community Human Services and Public Health Departments
Aging and Disability Services
Response to DHS Waiver Review
May 5, 2010

The Ramsey County Community Human Services and Public Health Department staff would like to thank the Department of Human Services for the opportunity to respond to the recommendations and corrective actions outlined in the Waiver Review Report. The review acknowledged areas of our strength and highlighted areas where improvements were needed. Below are our implementation plans for improving services highlighted under recommendations and corrective actions. We will work on achieving these goals and will continue to monitor our progress.

RESPONSES TO RECOMMENDATIONS

Provide training for case managers on basic provider contractual expectations, such as staffing levels and provider reporting requirements. During site visits and through their interaction with providers, case managers can help verify that expectations and participant outcomes are being met. Case management visits are one of the most effective methods of monitoring provider performance, as case managers frequently observe staff while visiting participants. If case managers identify persistent problems with providers, they should alert their supervisor or the contract manager.

Ramsey County Community Human Services Department will continue to provide training for case managers on basic provider contractual expectations using examples from our service team's site visit experiences. Currently, trainings of this type are being provided to new case managers and as part of an on-going training for existing case managers. We have a divisional section training for all Disability case managers in August 2010 and will add this as a training topic.

If and when case managers identify problems with providers, they can consult with their supervisor and complete a concern form which is forwarded to foster care licensing, the contract manager and their supervisor. Depending on the issue, the appropriate person will investigate the concern and address it with the provider.

Continue efforts to maximize allocations in the DD waiver program especially given the County's waiting list for the program. Ramsey County's DD waiver budget had a 4% balance at the end of calendar year 2008 of over \$4,000,000. The size of these balances suggests that there is enough room to serve more participants.

Ramsey County takes great pride in assuring as many dollars as possible go out to services while balancing the risk of overspending. Trends in authorizations and spending are closely tracked in order to be able to predict how to most effectively meet this goal.

Ramsey County will continue its efforts to assure as many dollars as possible be authorized in services noting that changes in methodologies, legislation and policy sometimes have an effect on these efforts.

Expand your efforts to build relationships with nursing homes and hospitals to strengthen communication about HCBS participants. Sometimes these relationships can be disrupted during staff turnover or if a particular case manager leaves. Consider formalizing relationships with provider staff to ensure that connections stay strong during times of turnover.

Ramsey County has assigned a single staff person to work with all the nursing homes in Ramsey County. One of the supervisors meets weekly with staff members at Anoka Regional Treatment Center. Our intake staff also meets annually with the nursing facilities to discuss process and procedures for relocation service coordination, pre-admission activities and intake for LTCC. We will continue to explore the expansion of these communication models.

Work to update the shared network drive to ensure that all required forms are easy-to-access and up-to-date. Ramsey County case managers can access a shared network drive, which includes required forms; however, staff reported that this drive is not extremely useful because the drive is not well organized, and it is hard to tell which forms are the most up-to-date.

We have an administrative staff person currently working on organizing and updating our shared network drive in the Disability area. We will explore the option of using Microsoft SharePoint to organize the information that is currently on the shared network drives for both the Aging and Disability areas. The ability to use Microsoft SharePoint or a similar software will provide our case managers, including case managers at contracted case management agencies, access to forms that are easy-to-access and up-to-date information.

Continue to expand community employment opportunities for individuals with disabilities and developmental disabilities, particularly in the area of community-based employment in the CCT and DD programs. Ramsey County ranks 80th out of 87 counties in the number of working-age participants that earn income in the CCT waiver program and 70th in the DD waiver program.

We have worked on a number of projects to expand employment opportunities for individuals with disabilities. Some of the examples of work we have done or are involved in are:

- ❑ Established a data collection system to track work setting, wages and hours worked for people with disabilities receiving vocational services. Review aggregate data with stakeholder groups every 6 months and meet individually with each provider to discuss progress annually; based on data collected, established organizational goals that are included in contracts with each DTH provider.
- ❑ Ramsey County Community Human Services is a lead organization for a “Community Action Team” (CAT) for The Minnesota Employment Training and Technical Assistance Center (MNTAT), with the initial goal of each team supporting five individuals with varying disabilities who are

- ❑ Continue to work at refining Case Management Practices to promote employment outcomes. Activities included: section training on employment planning, case manager focus group, internal newsletter highlighting success stories, MNTAT webinars and other information and resources exchanged via email to the service section.
- ❑ Launched a committee comprised of representatives from schools, advocacy organizations, providers and others that meets monthly to plan a Local Employment Summit in Ramsey County. The committee is currently meeting on a monthly basis.
- ❑ Membership in APSE: The Network on Employment and the Minnesota Employment First Coalition. APSE provides information about emerging supported employment trends and practices aimed at the economic and social inclusion of people with disabilities. The Coalition has hosted Summits around the state for various stakeholder groups to work towards making Employment the first and preferred outcome for people with disabilities.
- ❑ Policy was developed to reduce disincentives that may exist for existing users to transition from center-based work to employment by creating a gradual decline in service funding over a three-year period. Conducted training with case managers and providers and updated the Disability Services Vocational Services Manual, a reference tool for direction on policy and program implementation for case managers.

We will continue these efforts and continue to take part in new projects that expand job opportunities to persons with disabilities.

Use a Request for Assistance (RFA) process or work with existing provider networks to develop bundled homecare packages to support participants in their homes, even those with more challenging needs. Bundled service packages that include assistive technology, home modifications, ILS services, transportation and homecare services will help support participants in their homes. When developing these services, work across programs to ensure they can be accessed by all participants regardless of their waiver.

In an attempt to maximize and sustain independence, Ramsey County will continue efforts to pursue creative service options as an alternative to residential placements. This will be accomplished by working collaboratively with multiple service providers across various waiver programs. Ramsey County staff believes that the DHS common service menu will help facilitate these services across various waiver programs.

RESPONSES TO CORRECTIVE ACTIONS

Beginning immediately, ensure that at least 80 percent of LTC screenings for CCT programs and the elderly programs (EW and AC) occur within 15 days of referral. As of July 1, 2009, MN Statute 256b.0911 requires that LTC screenings should be conducted within 15 days of a request for screening. In FY 2009, 52% of screenings for new CAC, CADI and TBI participants, and 62% of screenings for new EW and AC participants occurred within the required 10 business day timeframe.

Ramsey County has recently restructured its intake process by combining intake for the elderly programs and the CCT programs. Based on the impending changes of COMPASS, we will be looking at further restructuring of the intake process. We will likely restructure our internal process and be re-assigning staff to intake and screening to meet the required timeframes.

Beginning immediately, ensure that the completion of care plans for CCT cases occurs within ten business days of the assessment. MN Statute 256b.49subd 13.(2) requires that care plans be completed within ten business days of the completion of the assessment. Currently, 32% of CADI care plans (68 of 213 cases), 14% of TBI cases (2 of 14 cases) and one of eight CAC cases were not completed within this timeframe.

We have designated a case aide to review each case before determining an opening /start date for the CCT waiver and work to resolve barriers before determining an open date. Once a start date is established for the waiver span, the case aide will contact the assigned case manager to inform her of the start date and then will send the file to the case manager to allow for the initial contact and development of the CSP within 10 days of the opening of the waiver or completion of the assessment.

CCT case managers were reminded at a recent all-staff meeting on the importance of completing care plans within 10 business days of the assessment/opening of the waiver.

New cases will be monitored for compliance through a chart audit by the supervisor of each agency. Public Health and contracted case management agencies will supply Ramsey County Human Services a quarterly report to assure this requirement is being met.

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 wavier participants, 11% of DD cases (16 out of 152 cases) had case manager visits less frequently than a biannual basis.

Ramsey County is currently developing a tool to assist supervisors and case managers in tracking statutory requirements for visits utilizing SSIS information. All case managers, both county and contracted, are utilizing SSIS so monitoring can be performed for all cases.

All staff will be retrained in their next unit meeting as to this requirement and supervisors will continue to audit manually until the new system is put into place.

A list of the 16 cases is requested to assure a visit is made within the next month.

Beginning immediately, ensure that all care plans are signed and dated by the case manager and participant (or their legal representative). All care plans must be updated at the next face-to-face visit so that within six months all required signatures and dates are included on the care plans. Seven EW care plans, two AC care plans, one CAC care plan and one DD care plan are missing both the case manager and participant or legal representative signatures. An additional 23 EW care plans, one AC care plan and three CADI care plans have a case manager signature but not a participant or legal representative signature.

Our case managers will be instructed to review each care plan at the participant's next bi-annual visit, which will occur within 6 months, to assure that there is both the case manager and participant (or legal representative) signature. If there is not a participant signature and a bi-annual visit is not within 6 months, the case manager must conduct a face to face visit within the next 6 months to collect the participant signature.

Our AC and EW supervisors will add the check for signature on the Long Term & Managed Care (LT&MC) Audit checklist. This is already on the CCT, CAC and DD Audit checklist.

Public Health will add a case checklist to be used with all assessments and reassessments to be completed and filed as part of any assessment. The expectation will be that the case manager check off those items completed, including the signature and date.

Ramsey County would like to request a list of the 38 cases not meeting this requirement so that participant signatures can be obtained within 6 months.

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 and DD screening documents, and that the guardian's signature appears on rights forms and informed consent documents. For HCBS participants with public guardianship, it is required that the roles and responsibilities for case management and public guardianship be held by separate people. In the case file reviewed of four DD waiver participants with public guardianship, both roles were being held by one case manager when signing the care plan, rights forms and informed consent documents. When one person is holding both roles, they are unable to provide informed consent or true choice on behalf of the participant.

Ramsey County has addressed this in a recent Office of Inspector General (OIG) audit as follows:

Updated the Ramsey County Community Human Services Policy on Guardianship/Conservatorship to reflect our current practice; review of Policy was provided for Case Managers on October 20, 2009.

Public Guardianship – *The case manager may not serve as both the case manager and legal representative when a person is under Public (State) Guardianship. Ramsey County’s policy is that another Ramsey County Intellectual and Developmental Disabilities employee will act as guardian in these situations to insure that there is no conflict of interest in the decision making process for the ward.*

All staff has been trained to separate these roles and all required forms will be signed by the appropriate representative within the next month and ongoing starting immediately for all renewals.

A list of the 4 cases is requested to assure we assign separate case management and guardianship roles for the participant.

Complete an OBRA Level One form for all LTC participants that do not have one in the next 30 days. Maintain a copy of this completed form in the participant’s case file. Eleven of 109 (10%), one of 31 AC (3%) and two of 213 CADI cases (1%) had no evidence of an OBRA Level One document. While it is a requirement that this form be completed at time of first assessment and kept in the case file, it is considered a promising practice to update this form yearly.

For AC and EW, Ramsey County staff will review all file folders in order to identify any missing initial OBRA Level 1’s. Case managers will follow up and complete the OBRA Level 1 for all folders missing this information.

A check for the OBRA Level 1 will be added on the LT&MC Audit checklist. This is already on the CCT Audit checklist.

Training will be provided to promote the completion of this form annually in all program areas.

Again, a list of the 14 cases is requested to assure we have a completed OBRA Level 1 form for the participant in the case file within the next month.

Complete ICF/MR level of care documentation for all participants in the DD program that do not have this documentation in the next 30 days. Maintain a copy of the findings in the participant’s case file. It is required that ICF/MR level of care criteria are reviewed annually for DD participants and that the findings are documented in the case file. One of the 152 DD cases (1%) did not have ICF/MR level of care documentation in the case file and another fourteen DD cases (9%) had documentation that was not current.

Staff has been trained and supervisors will assure all files have an updated ICF/MR level of care form in their file within the next month.

A list of the 15 cases is requested to assure an updated ICF/MR level of care form is in the file within the next month.

It is recommended that the required annual frequency of this form be included in the DSPM under required forms.

Beginning immediately, ensure that each participant case file includes signed documentation of informed consent to share private information. Twenty-seven percent (27%) of EW cases (29 of 109 cases), 6% of AC cases (2 of 31 cases), 1% of CADI cases (3 of 213 cases), 7% of TBI cases (1 of 14 cases) and 7% of DD cases (10 of 152 cases) did not have completed documentation of informed consent included in the case file.

We will instruct and remind our staff to complete an informed consent to share private information form when requesting information from another agency. Completing and obtaining this form is standard practice for our case managers. Training will occur on completing the form annually in unit and section meetings.

A list of the 45 cases is requested so an informed consent to share private information can be obtained for those cases.