

**WRIGHT COUNTY CASE MANAGEMENT
ANNUAL PROGRAM PLAN
January 2009**

Agency Director: _____

TCM Supervisor: _____

Case Manager: _____

Case Manager: _____

Case Manager: _____

PLANNED FREQUENCY OF CONTACT WITH ADVISORY BOARD:

TCM Advisory Board will plan to meet four times per year. The performance improvement information will be reviewed with the board as needed. Minutes will be maintained and provided to board members at the following quarterly meeting. Case Management Director will have contact with Governing Board / Board of Supervisors as needed for issues related to the Targeted Case Management Program.

PLANNED FREQUENCY OF STAFF MEETINGS:

It is currently planned that an open door policy will continue to be maintained by supervisor and director. It is felt that this continues to be manageable to facilitate timely, effective management of concerns as they arise. It is also felt that this helps to reduce stress during challenging situations. Case Managers and supervisor will continue to meet twice a month to review system changes, funding issues, new requirements, training information, general issues and cases, as was developed and established during the past year. On occasion schedules and work demands don't allow for meetings twice a month, so the staff will meet as frequently as possible when these things occur.

PROGRAM'S STAFF TRAINING PLAN:

Wright County will continue to provide ongoing training to staff of the Wright County Case Management Program. Staff will continue to participate in mandatory reporter training for dependent adult and child abuse to continue to be in compliance with regulatory expectations. The department decided that it may be best for the Case Management Supervisor to attend the meetings that are geared toward regulation updates, service system changes and navigation, and performance expectations and then dispense this information to the staff at a office meeting. The Case Managers would like to have the option of determining what trainings they will attend without the assumption from the administration that all parties will attend. The administration would like for the Case Manager's job to be manageable so that time can be comfortably spent attending meetings and trainings based on the need for the information, rather than not attending based on concern for their workload.

BACKGROUND:

In regard to performance improvement, the primary concern of the Case Management program is to develop means to improve the lives of the people we serve. It is strongly felt by our agency that this is done by assisting individuals achieving lives of high purpose, deeply embedded in their communities, engaged in meaningful relationships, and pursuing both economic and spiritual goals. Through the assessment process the department determined that to best achieve this goal, we currently need to make sure the services are driven by the desires and aspirations of the consumers through client driven goals on the ICP. For too long, the process has tended to be reflective of what is determined to be a person's need or what is in their best interest, all based on the value system of those providing the services. The system has also been geared toward consumers having to prove themselves by graduating through various milestones of the system, as an example proving a person can be successful in the workshop before trying community employment. In the past the consumer were referred to a provider, who assessed the needs and then asked for funding accordingly. It is the goal of our agency to change this perspective to individualized budgets. In this model the Case Manager assessing the need, then requests the needed funding and then the consumer hires who they want to provide the services with the funds

made available to them. Secondly, the department felt that in order to keep the case managers focused on what really matters to the clients, they need to have adequate time to follow up on issues, be creative in service options and providers, and break down barriers that may exist. Therefore future efforts will be made to lighten the load on the Case Managers to afford them the time to provide a more intense and productive Case Management service. We have been moving in this direction the last 6 months, as an additional Case Manager was hired, but shortly thereafter, the senior case manager resigned and hiring and training the new replacement has just occurred in the last few months. Lastly, over the last several years Wright County Community Services has been striving to improve the quality of life for those served. In order to continue in the direction the department felt it was important to assess the impact we have had thus far and further assess the best courses of action for the future.

AREA FOCUSED UPON:

- X Case Review
- Demographic Data
- X Consumer Satisfaction
- Parent/Guardian Satisfaction
- Provider Satisfaction

- Level of Functioning**
- X Consumer Quality of Life
 - Complaints
 - Other
- (Specify) _____

| PROGRAM GOAL #1: The Wright County's Case Management program has the purpose and most noble goal of assisting individuals to achieve lives of high purpose, deeply embedded in their communities, engaged in meaningful relationships, and pursuing both economic and spiritual goal. | | | |
|--|----------------------------|------------------------|------------------------|
| OBJECTIVE #1: Complete steps identified to assist with writing individualized client directed goals by 12-31-09. | | | |
| ACTION STEPS: | RESPONSIBLE PERSON | INITIATION DATE | COMPLETION DATE |
| Schedule agency goal training through ISAC. | Supervisor | 1-1-09 | 1-31-09 |
| Complete training as scheduled. | Case Managers / Supervisor | 2-1-09 | 3-31-09 |
| Review annual review priorities. | Case Managers / Supervisor | 1-1-09 | 12-31-09 |
| Review ICP goals as written. | Case Managers / Supervisor | 1-1-09 | 12-31-09 |
| Review quarterly reports. | Case Managers / Supervisor | 1-1-09 | 12-31-09 |
| Provide feedback / suggestions regarding goals. | Case Managers / Supervisor | 2-1-09 | 12-31-09 |
| Develop tracking methods to determine if goals are being met and if not, why. | Director/Supervisor | 2-1-09 | 6-30-09 |

| OBJECTIVE #2: Determine level of success with improving quality of life for persons served by 12-31-09. | | | |
|--|----------------------------|------------------------|------------------------|
| ACTION STEPS: | RESPONSIBLE PERSON | INITIATION DATE | COMPLETION DATE |
| Develop an assessment/survey tool. | Director / Supervisor | 1-1-09 | 3-31-09 |
| Hold departmental meetings and determine the best way to implement the tool. | TCM Dept. | 4-1-09 | 4-30-09 |
| Implement tool. | Case Managers / Supervisor | 5-1-09 | 6-30-09 |
| Tabulate results. | Supervisor | 7-1-09 | 7-30-09 |
| Review results with all staff. | TCM Dept. | 8-1-09 | 8-30-09 |
| Meet with CPC to determine service options to meet unidentified needs. | Supervisor | 9-1-09 | 11-30-09 |
| Use information to determine areas of need and course of action for the next program plan. | Supervisor | 12-1-09 | 12-31-09 |
| Review all steps and information with Advisory Board for input. | Supervisor | 1-1-09 | 12-31-09 |

OBJECTIVE #23 Improve the Case Managers workload so that it is more manageable by 12-31-09.

| ACTION STEPS: | RESPONSIBLE PERSON | INITIATION DATE | COMPLETION DATE |
|--|----------------------------|-----------------|-----------------|
| Revise training expectations. | Director / Supervisor | 1-1-09 | 1-31-09 |
| Case Management Supervisor will attend meetings geared toward rules, regulations, systems process etc and convey needed info to Case Managers. | Supervisor | 1-1-09 | 12-31-09 |
| Transition cases to new Case Manager to reduce caseload sizes. | Case Managers / Supervisor | 1-1-09 | 3-31-09 |
| Merge time study data base and TCM Helper. | Director | 1-1-09 | 6-30-09 |
| Discuss improvement opportunities for tracking database with TCM staff. | TCM Dept. | 1-1-09 | 12-31-09 |
| Participate on a state wide committee to develop a county system to streamline the Case Managers documentation activities. | Director / Supervisor | 1-1-09 | 12-31-09 |

WRIGHT COUNTY CASE MANAGEMENT PROGRAM ASSESSMENT

January 2009

CURRENT SITUATION:

Wright County Case Management currently serves 60 individuals in the Targeted Case Management program. Of these consumers 13 are children and 47 are adults. Of the children cases, 3 are BI and 10 are MR. Of the adult consumers 1 is BI, 2 are DD, 41 are MR, 3 are CMI. Of the overall consumer served, 43 consumers live in their own homes or parental homes with support services, 5 live in RCF facilities, and 12 live in HCBS waiver homes. Currently, 36 of the clients served by the program reside within Wright County and 24 reside outside of the county. There have been 5 individuals accepted into services during the past year, 4 individuals to receive services under the MR waiver and one to receive services under through county funding. There were 8 discharges from the program during the past year. Of these 8, one was diagnosed with Mental Retardation and died from medical complications. There were 4 individuals who chose to no longer receive services. Of these four, 2 were adults one with MR and one who was CMI, both were not compliant with the services rendered and expressed an interest in being discharged. The other 2 were children and the parents did not feel that the services were producing any outcomes. There were 3 individuals that needed a higher level of care, thus 2 moved into nursing homes and 1 moved into an ICF/MR.

During the past year, there have been several changes in the staff within the Wright County Case Management Program. The CPC continues to serve as administrator / director of the program and has been with Wright County Community Services for 11 years. The case management supervisor has been with the program for 11 years, first as a case manager for 2 years and then the supervisor for 9 years. For several years the program has operated with 3 case managers, one being full time, one being three quarter time and one being half time. There has been difficulty in these workers being able to maintain the workload, which seems to be ever increasing. As a result the administration with the involvement of the departmental staff, decided it was time to hire another case manager to disperse the workload. In July 2008 another full time case manager was hired. The program currently employs 2 three quarter time case managers and 2 full time case managers. The programs senior case manager resigned in September after 9 years with the agency to work with the Money Follows the Person Grant. The two three quarter time case managers have been on staff for 3 and 4 years. One of the full time staff was hired 7/1/08 and the other on today's date, 11/17/08.

Changes at the state level have continued to have a significant impact on the program during the past year, as a number of changes have occurred with TCM as well as the service programs utilized by the clients. The TCM authorization process has become more routine for the Case Managers during the past year, however, these requests are being looked at more closely and changes have occurred with provision of additional information when requesting authorization for DD clients or MR clients not accessing HCBS waiver services. There continue to be concerns with HCBS Pre Vocational Services. Within the last year, Wright County Community services embraced the literal definition of Pre-Vocational services. As a result many of the consumers that have accessed workshop services for decades are no longer being able to do so. The Wright County CPC has embraced the same definition as the state, thus county funding is not available for workshop services either. This has added a great deal of additional work to the case managers as they meet with families and persons served to explain the situation and research or develop alternatives. This has been met with challenges from the providers, which has increase the burden on the case managers as well. Case managers have felt pressure to keep up on paperwork and to balance this with the need to have more frequent contact to more closely monitor services and goal progress.

PROGRAM PLAN PROGRESS:

The program goal for Wright County last year was to assist individuals to achieve lives of high purpose, deeply embedded in their communities, engaged in meaningful relationships, and pursuing both economic and spiritual goals. The objective to implement this goal was to facilitate the Consumer Choices Options in Wright County. Wright County Case Management met this objective and goal.

Wright County has become a leader in the state of Iowa in the implementation and use of individual budgets and Medicaid's Consumer Choice Option. As a result, Wright County has developed and maintained a support pool that allows clients the opportunity to interview and hire their own support staff. In addition applicants are able to use their individual budget dollars in most any way they choose in that they decide the wage of the support person, how many hours of supports they receive, the types of support as well as when and where the support is delivered. As a result many applicants are using their "employees" as transit providers and as companions to help them access community events. This has begun a change for disabled persons in Wright County in that they are not just "in" Wright County Communities but are now active "with" their communities. This has allowed community members and applicants to develop and expend "social capital". Over the last two years, a total of 25 consumers have been enrolled onto CCO and many purchase have been made. They include: vibrating watch, science center pass, 2 swing set seats, 1 swing set frame, 6 three wheeled bikes, communication materials, bathroom remodel, PT training for CCO employee, thermometer, ear washer, weight watchers membership, fitness center membership, ramp to front door of home, leather chair for incontinence, bath chair, bike trailer, and a toilet seat.

Henry was once living in a residential care facility for the mentally retarded. Henry had many documented behaviors such as damage to property, verbal threats and physical assaults. In 2006 Henry was given an individual budget, hired his own support persons and moved into his own apartment. Today Henry has developed close relationships to his community. He has become close friends with a prominent figure in his community, has begun attending a local church and has developed many close relationships within the congregation and now is employed. Henry is the most independent he has ever been and has the greatest quality of life he has experienced since becoming an adult.

Samantha lived in an Intermediate Care Facility for the Mentally Retarded with a staff ratio of one staff person for every six disabled persons being served. Samantha also had behaviors within the facility and was often on some form of restriction as a result. In 2007 Samantha was given an individual budget and allowed to hire four support employees of her own choosing. She interviewed the staff and, with the assistance of her guardian, chose the hours, shifts and wages of her staff. She moved to a two bedroom apartment and began receiving one on one 24 hour care in her own apartment in a local community at the same cost of the Intermediate Care Facility she lived in prior to her move. Samantha has seen a huge reduction in her need for psychotropic medications and has had little if any behavior problems. Her health has improved as well. Samantha has a heart condition and high blood pressure. Prior to her move she was taking three blood pressure medications. After her move, her pressure has stabilized and her medications have been decreased significantly. In addition Samantha is a regular volunteer at the local movie theater, library and video store. Unfortunately the community has not included her as an employed member of the community, yet Samantha continues to strive for employment.

Tina rotated through case managers and providers on a regular basis. Tina regularly fired her providers, was involved in harmful relationships with her family and men in the community. Tina was banned from receiving medical services at many medical providers in her community due to her exorbitant and unnecessary use of their services. In 2006, Tina was given an individual budget and allowed to interview and hire her own staff. She negotiated their wages and what supports she would receive as well as when and where. After two years Tina continues to have a challenging personality but has stabilized a great deal. She has remained with the same staff since their hiring and has only moved once since 2006. Her abuse of medical services has diminished and she has been reduced from 17 medications to 8. Tina has been involved in camping trips, birthday parties and other social events in her community that she did not have access to in the past. Tina has indicated that her satisfaction with her supports has greatly increased with the use of individual budgeting.

Sarah was living in a Home and Community Based Waiver Home with three other roommates. Sarah was and is employed by Hy-Vee. Sarah and her mother consistently expressed discontentment with the supports she received in her home as she was not allowed to choose who her roommates were, who her staff were or what

activities she could participate in the evening due to staff having to serve the needs of all three persons in the home. In early 2008 Sarah was given an individual budget and allowed to interview and hire her own support staff. Sarah then moved to her own apartment. Since then both Sarah and her mother have expressed delight in the person centered flexible services within the congregation and now is employed. Sarah regularly participates in community events and has even gone on double dates with her support staff.

Zoey is a young child who received supports through the Mental Retardation Waiver. After receiving supports from a local provider Zoey's mother terminated the service due to staff turnover, consistent schedule conflicts lack of staff knowledge or skills among other concerns. In early 2008 Zoey was offered an individual budget and her mother was allowed to interview and hire Zoey's support staff. Since then Zoey, her mother and grandmother have expressed excitement in the progress they have experienced.

Currently the case management program serves 60 individuals. Out of the total persons served of those individuals 39% have an individual budget and direct their own services.

INCIDENT REPORTS:

During the past year, incident reports for Targeted Case Management consumers continued to be received and maintained in each consumer's file, with a copy of each also being placed in the master file for incident reports. In looking at reports broken down by individuals there were no patterns noted. Combined, 39 incident reports were filed. Of the 39 reports, 25 involved treatment for medical conditions or injuries, 1 incident involved a client needing emergency mental health treatment, 2 involved incidents that were false allegations of abuse, 2 were self injurious behavior, 3 were related to mediations, 3 were due to behavior issues, 2 was the result of criminal activity and 1 was the death of a client served by the program. Staff reviewed incidents for trending and there were no indications that there were any patterns according to providers or service settings. Reports related to 22 clients were included in this years review.

In reviewing trends among providers, it was noted that 7 providers had incident reports. Of these were: Krysilis who had 8, Opportunity Village with 12, Humboldt Workshop with 9, North Iowa Transition Center with 4, Comprehensive Systems with 1, Northstar with 1, Exceptional Persons with 1, and 4 completed by our own TCM staff. These numbers fall in line with the number of consumers served by each provider, as Krysilis serves the largest number of our consumers, followed by Opportunity Village, Humboldt Workshop, North Iowa Transition Center and the others. Case Management has been completing more incident reports as several of the consumers are using Consumer Choices Options to hire their own staff and these people are noting completing incident reports. The majority of incidents were related to medical conditions or injuries. There weren't any concerns with this as three of the consumer discharged this year were a result of needing a higher level of care due to medical needs.

There are no incidents where lack of or ineffective response by TCM program was identified. Case Managers continue to review incidents / significant problems as they occur.

PUBLIC EDUCATION:

During the past year, The Case Management Supervisor has become greatly involved in implementing the Consumer Choices Options services available through the Home and Community Based Waivers. Due to the passion for this program, great efforts were made by Wright County Community Services to utilize this program to the best of our abilities. This resulted in our agency becoming pioneers for the program, and eventually the states "poster child" for the program. This led to the case management program, the Wright County CPC, the local Independent Support Broker, CCO employees, a family members and case management consumers traveling to share our experiences, ideas and wisdom in efforts of promoting the program and the role of case management in accessing it. The group presented at a regional CPC meeting in Council Bluffs Iowa, at a county office in Sac City, Iowa, and the County Case Management Annual Conference located in Des Moines, Iowa. The audience reached during these presentations included CPC's, case managers, persons with disabilities, family members, Department

of Human Services staff, government officials and Iowa Medicaid Enterprise staff. Wright County and one of the case management consumers was approached about doing a promotional video for the state of Iowa. We agreed and the video is now available on our website, the DHS website, in CD format and is shared at several trainings, all the way from case management to independent support broker trainings.

The case management supervisor and agency director also met with the Area Education Agency representatives for our county this past year. This was in an attempt to continually inform this organization of our role, the services and funds available and to continue to maintain a working relationship and smooth transition process from child to adult services. In October of this year, Wright County Community Services hosted a public education opportunity to those not only in Wright County but neighboring counties and case management clients all over the state served by our organization. In this presentation, a young man with disabilities and his parents shared how despair was replaced with hope when Ray Steffey learned about self-employment as an option for his son Joe. Joe has multiple complex developmental disabilities. Ray purchased used, kettle corn equipment and began working with Joe. In October 2000, they began producing and selling popcorn on weekends when Joe was 15. In April 2005, Joe became the owner of the Poppin Joe's Kettle Korn. Joe is directly involved with the operation of the kettle corn business. He knows the popping process and has mastered all skills of the operation. Selling is the present task Joe is working on. Ray and Joe share how the family researched the business and developed a business plan. Ray talked about how they explored the idea of giving Joe the opportunity to own his own business while he learned to develop a good work ethic, despite "professionals" telling them that Joe could not work. This presentation also offered the opportunity for people to hear the presentation of and speak to Sheila Stoeckel, with the Iowa Work Incentive Planning and Assistance Project (IWIPA). She shared her role in supporting Iowa's Social Security beneficiaries who have disabilities in successful pursuit of careers. Sheila is a Community Work Incentive Coordinator (CWIC) available as a resource to Iowans on Social Security disability benefits. This project helps Social Security Disability Insurance (SSDI) beneficiaries and Supplemental Security Income (SSI) recipients to see how income from employment and/or self employment can affect their benefits. During this presentation local providers, citizens, persons served, county officials, local legislators, case management and CPC's were present. Legislators took the opportunity to speak with case management and person's served regarding the challenges that are presented in providing services to people with disabilities and how they can aid in resolving those challenges.

ENVIRONMENTAL EFFECTIVENESS / ACCESS:

The Wright County Community Services office continues to be housed in the Wright County Annex building. We share this space with Wright County Public Health. The office space is on the ground floor. The lower level houses the conference rooms that are for the use of all programs located in the building. Wright County Community Services is displayed on the outside of the building. The Community Services office is clean and safe. Wright County janitorial staff provides this service to ensure the cleanliness of office areas is maintained. The courthouse annex where the case management program is located has a handicap accessible door. All of the case management staff work from home with the exception of the agency director. This includes the 4 case manager, the case aid and the supervisor. Space continues to be provided for all staff to work and meet with persons served at the main office. The case managers have been working from home since March, 2003. The supervisor moved to working from home approximately 18 months later. This has made a dramatic improvement in the program's effectiveness. It is felt that this working environment has enable case manager to continue to endure increase n the workload and expectations. All of the back files are stored in files in the lower level. This case management office also has a need for added storage, due to significant amount of client files and volume of information in the current files. All of the past two years of client files are available on the agency server. Many years prior to that are available if it is information that was generated by our agency. Scanning of incoming information has only been effect for the last couple of years. It is an interest of the program to scan all back files and have them available electronically. If allowed by state and local governments the agency would like to then destroy the originals for storage purposes. We strongly feel that funds would be better spent on efficient equipment for the staff to perform their jobs rather than in more cabinets. Recently Iowa endured significant flooding and many organizations did not have back files scanned and thousands of documents were permanently lost. This was prevent not only better use

of space and funds, but would ensure the protection of the information as well as provide for a means of recovery if needed.

EMERGENCY PLAN:

There have been no changes in emergency planning for Wright County Community Services during the past year. Emergency Plan / Procedures are identified in the Wright County Security Plan, which covers areas including fire, natural disaster, bomb threat, hostage situations, weapons, physical safety / security, and key control, as well as other items. This plan is available in the community services office. It is located on the book shelf of the safety officer for Community Services. Each staff member of the case management program are aware of the location and can access this documents as needed. Staff does a good job at ensuring that they maintain standards for personal safety, as well as safety of the clients that they serve and the staff serving them. There are currently no needs in this area.

DOCUMENTATION / SERVICE PROVISION

CURRENT SITUATION:

As a whole, the required documentation standards continue to be met. Files are organized in the same format for added consistency and easy reference. Case Management staff are conscientious of the time frames and paperwork requirements and strive to complete these tasks accordingly. A case aid performs the clerical duties of scanning and filing to maintain the client records, which enables the case managers to put there focuses elsewhere. The case management staff work well as a team and offer support and guidance in all areas of the program.

Over the course of time, Wright County has changed their perspective on "documentation / service provision". Over the last decade, the Director and Case Management Supervisor have been witness to the ever increasing demand of documentation and the value placed upon it. What is required now is more than double what was required 10 years ago. At one time our agency's accountability was to Chapter 24 through the Division of MH/Disabilities Services. Now our documentation is subject to the expectations and review of Home and Community Based Services, Magellan, Iowa Foundation for Medical Care (IFMC), IME Prior Authorization, Surveillance and Utilization Review Services (SURS), Office of Inspector General (OIG), Payment Error Rate Management (PERM Project), and Centers for Medicaid and Medicare (CMS). As the administration of this program, we have come to realize that this has not produced any outcomes for the people served. This has caused a great deal of grief trying to please so many faces of authority. As the focus has increase in documentation and the audits of such, we have been trying to maintain a service relationship with our persons served. Even though we generate more documentation and adhere to more expectations, we have personally changed our philosophy regarding our documentation processes. Instead of trying to be the best regarding the documentation, we have changed our philosophy to trying to maintain the minimum expectations to all of these authorities, while continuing to increase our expectations of the service that actually is delivered to the person served. It is strongly felt by our organization that an entity can have top notch files and have not actually made a difference in anyone's life nor helped them in any fashion.

This philosophy is very evident when considering the time spent by the case management supervisor. All of her efforts for the last three years have been on processing new referrals, aiding the case managers with cases as needed and reshaping the service system. Doing so has lead to little attention given to the review of client files, the maintenance of policies and procedures and the performance improvement documentation.

It is also evident when reviewing the activities and priorities of the case managers, which has been captured in assessments, ICP's, progress notes, time allocations sheets. For the first time case managers are seeing true outcomes in the lives of the people we serve. The following describes efforts to go above and beyond to provide opportunities to our case management consumers, and various examples of how this as improved the quality of life, not only for the person served, but for the families and community as well.

STRENGTHS:

Wright County's strengths are numerous. First off, our agency offers a great team atmosphere. When working conditions are good, this not only enables staff to do their best for the people served, but it motivates them to do so. Staff have more energy to help others when staff are not burdened with the trials things such as politics, negativity, conflict, tension, isolation and fear. Our agency embraces a philosophy of coming along side our staff to support them as we would a person served. Staff are encouraged to be open about workloads, mistakes, how they are feeling, ideas etc. In addition, each of the team members are willing to do whatever they can to help out a team member, and the administration is willing to provide whatever accommodations that are needed and feasible to support the case managers in their jobs. To date this has been supported by the Board of Supervisor as well. Accommodations include working from home, hiring a case aid, updated equipment and technology and lowering case loads.

Secondly our agency values and strives for creative thinking. The case managers are sent to all the training available that supports our philosophies and that enable them to be greater assets to the people they serve. Many hours are spent each month in the office staffings brain storming as to alternative means for accomplishing outcomes. We search for ways to make things happen and not focus on what the barriers are. All of our staff are "glass half full people" which was instrumental in the decision to hire each of them. The level of creativity has changed the response to client needs and issues, and the clients that we work with are starting to obtain new opportunities in service provisions.

Thirdly, we are risk takers. We are willing to put ourselves out there for the greater cause. Our agency has been leaders in the state for Consumer Choices Options, we have been on the committee to develop the County Support Network (CSN) and participated in developing and testing the ISIS module for case management. Our Agency Director is on a legislative committee and meets regularly with local legislators discussing the issues surrounding case management and the services system.

Some of the things regarding our documentation that stands out is the level of detail in the ICP's, the content and usefulness of the progress notes and that we organize the notes in a fashion that makes finding the progress on goals and other important items visible.

Perhaps the most profound is that we are "really" about the people served. We have chosen to put this first and foremost in all that we do.

BARRIERS:

Although staff are very aware of the documentation time frames and strive to meet those, they have struggled with meeting these on a regular basis. The volume of documentation continues to be a challenge for all staff. Navigating the system and having time to work with people has become our number one challenge. Some of the things that have increased include, added responsibilities with funding Notice of Decision, addition of new documentation requirements for Medicaid, changes in service programs, changes in TCM Authorization process for DD and non-waiver MR clients, TCM authorization into ISIS, and changes in time tracking and reporting for billable units. There is general frustration with more emphasis being placed on having to "prove" something is needed and "proving" what has been done rather than getting it done in a way that best meets the client's needs and focusing on the quality of the services. Our agency feels that this is very evident in the redundancy of the documentation that is required.

Additional barriers to documentation and service provision is not being able to keep focus on the goals due to just "putting out fires", frustration with continual follow up with provider follow through, prioritizing workloads, and keeping up on the changes.

The team discussed how to continue to balance the increasing demands on Case Managers for documentation and changes in the procedures of the "process" with the agency philosophy to keep the client and service provisions first. It was determined that it would be helpful to make sure that goals are individualized on the ICP. Discussion has been held regarding the Case Management Supervisor reviewing the annual priorities, ICP goals and quarterly progress of consumers to ensure that these are based upon need, are client driven and outcome based. If significant progress is not being met the plan will be assessed to determine if the goals are not on target to the consumer's needs or desires, the provider is not able to provide outcomes or the goals are not realistic. This will aid in determining barriers to success and the responsible party. If the Case Management service is responsible, the Case Management Supervisor and Director will direct the Case Manager in realigning the goals and services as appropriate to the client needs and desires. If the provider is responsible, the provision of alternative supports will be explored with the consumer and family members.

PROGRAM DESIRES AND ASPIRATIONS:

The team discussed how to continue to balance the increasing demands on Case Managers for documentation and changes in the procedures of the "process" with the agency philosophy to keep the client and service provisions first and foremost. It was determined that it would be helpful to make sure that we have documents of value, thus the goals are individualized on the ICP. Discussion has been held regarding the Case Management Supervisor reviewing the annual priorities, ICP goals and quarterly progress of consumers to ensure that these are based upon need, are client driven and outcome based. If significant progress is not being met the plan will be assessed to determine if the goals are not on target to the consumer's needs or desires, the provider is not able to provide outcomes or the goals are not realistic. This will aid in determining barriers to success and the responsible party. If the Case Management service is responsible, the Case Management Supervisor and Director will direct the Case Manager in realigning the goals and services as appropriate to the client needs and desires. If the provider is responsible, the provision of alternative supports will be explored with the consumer and family members.

The desire of the Case Managers is to get to a point that the job is more manageable so that they are not feeling so stressed.

CLIENT / PARENT/GUARDIAN / PROVIDER SATISFACTION

CURRENT SITUATION:

New surveys were not done in 2008 given the continuation of the program goal from last year. The Case Management program has also been receiving input from those served and families with solicitation given the extreme differences in the services they are receiving. The satisfaction of those served and the families have been very apparent during the annual review process when Case Managers discuss the satisfaction of the services, employees and assess the progress from the last year. Many share that CCO is the best thing that has happened to them and people are making more progress than ever. As one example an email that was received by the Case Management Supervisor on 11/4/08 from the mother/guardian of a person served: Thank you for making it work. Brad's comment about Sara's needs being met were correct, in fact greater than I could of ever anticipated. I look back at how Sara was cared for a year ago and compared to today, it doesn't even come close. I'm fortunate to have the staff I do for Sara. Jessica and Andrea care so much for Sara and are able to tune into her needs so fantastically. An example, Sara misunderstood something a doctor said yesterday and Sara made a comment last night to Andrea that made everyone realize she had misunderstood and it was worrying her. Last year she wouldn't of had the chance to discuss it with staff and she would of continued to worry about it. Instead, Andrea talked with her in detail, let her think about what she had said for awhile, then discussed it again with her to make sure she didn't have any additional questions. Jessica followed up this morning to ensure Sara was ok. The communication and team work between Jessica and Andrea is great. Thanks, Cyndy

STRENGTHS:

The Wright County Case Management Program continues to modify the survey process to make it more meaningful. Over the last few years the forms were changed, the intent of the questions modified and the approach to implementing the survey has been changed. For several years the survey was a written questionnaire mailed out to consumers, guardians and providers. We then moved to the Case Manager personally interviewing the consumers to get a feel for their true desires and needs and to improve on the amount of information that was obtained. In our last attempt we had the case aid do a personal interview with guardians and providers regarding the service delivery of case management services. We have also moved from computing the results manually to entering the information into a data base, that would also for queries to be ran on the information obtained. The Case Management program has also partnered with the Central Point of Coordination in our efforts as an attempt to not only assess the Case Manager's ability to navigate the system, but to ensure that adequate services and choice are available.

PROGRAM'S DESIRES AND ASPIRATIONS:

The main goal of Wright County Community Services has been to improve the quality of life for the consumers for the last several years. This has been reflected in the program plans for the last several years. In the past we have done surveys to determine the areas of their lives that need improvement. We would now like to develop a survey that assesses if the changes made over the years have actually made an improvement.

BARRIERS:

There are currently no known barriers to continuing the satisfaction survey process.

ADDRESS OTHER PROGRAM ISSUES NEEDING ASSESSMENT: Specify: Training

CURRENT SITUATION:

The Wright County Case Management Program continues to offer training opportunities to all program staff. During the past year, the focus has been on trainings that directly address the position of the Case Manager such as regulation updates, service system changes and navigation, and performance expectations. The other focus has been on self direction and client determination for the person's served, which included information on how to provide true community opportunities to the most disabled individuals and how to "think outside the box".

Information and the accessibility to such have always been valued by the administration of Wright County Community Services. As a result it has been established that all the Case Managers and the Case Management Supervisor will attend any meetings related to the provision of TCM services. In addition, most of the department attends the majority of trainings offered as it pertains to the population served. Recently, the Case Managers have expressed concerns about being able to afford the time to attend meetings and trainings. In the last year, the workload and the demands of the job have kept the Case Managers from feeling comfortable with taking time away from the job itself. They have also expressed frustration with attending meetings and trainings that turn out to not have been worth the time spent. The dissatisfaction has been more on the meetings that are geared toward the role of the Case Manager and not so much on training as it relates to the consumers.

STRENGTHS:

As noted above, information and the accessibility to such have always been valued by the administration of Wright County Community Services in an effort to be supportive of the program needs and obtaining information to increase knowledge that will enable the department to better serve the consumers. As a result, TCM staff have the opportunity to attend anything they desire and are encouraged by the administration to bring training opportunities to the awareness of the entire department. The administration feels as though the TCM staff are mature professional adults who can discern for themselves good training opportunities. Adequate funds have been allocated in the budget to allow for these opportunities.

BARRIERS:

Staff struggle with balancing time for training with getting the requirements of the TCM services met. Too often, they feel pressure to choose, taking time to go to training vs. getting caught up on paperwork. Training opportunities most often require at least a full day, due to travel distance.

PROGRAM'S DESIRES AND ASPIRATIONS:

The Case Managers would like to have the option of determining what trainings they will attend without the assumption from the administration that all parties will attend. The administration would like for the Case Manager's job to be manageable so that time can be comfortably spent attending meetings and trainings based on the need for the information, rather than not attending based on concern for their workload. The department decided that it may be best for the Case Management Supervisor to attend the meetings that are geared toward regulation updates, service system changes and navigation, and performance expectations and then dispense this information to the staff at a office meeting.

Case Managers would also like to see more training opportunities offered to Consumer Choices Options employees as a benefit to the persons served.

WHAT ARE THE PROGRAM'S PRIORITIES?

Assist individuals to achieve meaningful lives deeply embedded in their communities.

Improve individualization of goal development

- 2. Improve the Case Manager's workload so that it is more manageable.**
- 3. Change the training practices of the office**
- 4. Improve case management office file storage**

AGENCY DIRETOR: _____

CASE MANAGEMENT SUPERVISOR: _____

CASE MANAGER: _____

CASE MANAGER: _____

CASE MANAGER: _____

CASE MANAGER: _____