



Case Management Agency (CMA) Backlog Reduction Plan

The purpose of the Backlog Reduction Plan is to identify tangible actions and timelines to reduce a CMA's backlog and meet caseload ratio requirements no later than December 31, 2024. A backlog exists when a CMA is not meeting contractual and/or regulatory requirements within the timelines. See Appendix A below. Example: Level of Care (LOC) Assessments that are past the required 2-, 5-, or 10-day timeline.

Case Management Agency: The Resource Exchange

CMA may submit information requested on a separate document following the template provided.

In future data reports, TRE will pull backlog information on the last business day of the month, or the first business day of the next month should that date fall on a weekend.

CMA Backlogged Activities as of 6/30/2024

| Case Management Activity | TRE Data |
|---------------------------------------|--|
| Pending Referrals | 19 (all contacted) |
| Intake Screens | 52 (unable to get ahold of) |
| Initial LOC Assessments | 105(scheduled out of 10-day timeframe) |
| Monitoring Contacts | 1495 |
| Service Plan Completion | 534 |
| Continued Stay Review LOC Assessments | 448 |

Table 1: TRE Backlog Activities data reported 5/29/2024 and reported monthly to the Department

*Monitoring Contacts – Data represented on this table is calculated on a calendar year and reported for Quarter 1 of 2024 from TRE's Key Performance Indicators (KPIs). These are determined by the monthly billing report and assume one monitoring per person per quarter. This data will start including members subcontracted for case management activities with Pueblo County Department of Human Services (PCDHS) starting in Q2 (April-June) due to TRE not serving the Pueblo area until March 2024.

**Service Plans – Data represented on this table originates from TRE's "End Date Tracker." Information in Table 1 was pulled on 05/29/2024. TRE notes that data represented in this category is a "moment in time" as the tracker is updated in real time throughout the day, every

day and as such the data is fluid and consistently changing. TRE maintains internal tracking of all members on a “VIP List” (member list). Members for this category were verified to be in active services with TRE via the VIP list. TRE notes this category has 2 data points. The total number reported is those within TRE’s capability to address and complete. The parenthetically number includes member service plans that are incomplete but held up due to issues and concerns TRE cannot control (i.e. inability to reach the member, CCM HelpDesk resolutions) total # is reported as those within TRE’s control and parenthetically includes the total number of concerns.

***Continued Stay Review LOC Assessments - This number is from the same data as the Service Plans, minus those submitted and waiting to be processed as well as those out of our control. It is updated from the initial counts provided as we came to understand the request to be cumulative rather than for a single month’s point-in-time count.

Support Processes and Contacts

HCPF requires each CMA to identify points of contact within their respective agencies to work with Health Management Associates (HMA) to receive technical assistance in developing, submitting for approval, and implementing Backlog Reduction Plans. Each CMA is required to meet with HMA every other week, at a minimum following HCPF’s approval of the Backlog Reduction Plan through September 2024. If appropriate progress is not made in reducing the backlog, the frequency and duration of HMA meetings may increase and changes to the approved plan may be required.

The CMA is required to submit monthly data and participate in monthly monitoring meetings with HCPF until backlog is resolved and the CMA has demonstrated at least two quarters where no additional backlogs are identified.

TRE has been meeting with its HMA Coach since August 2023. We have begun meeting with our HMA coach who was involved in the development of this plan, and we will continue this work collaboratively, meeting at least twice per month, as we focus on our backlog reduction.

As indicated above, TRE will plan to pull backlog information on the last business day of the month and ensure data is submitted to HCPF in a timely manner. We are prepared to furnish this data as requested in the Monthly Data Request and Case Management Agency Stabilization Meeting document and participate with HCPF in those monthly meetings.

CMA Backlog Reduction Plan Point of Contact(s):

TRE has established a Backlog Reduction Work Group to bring a concerted focus to developing strategies to resolve our backlog. The team includes:

| Name | Email |
|-------------|----------------|
| Nancy Vigil | nvigil@TRE.ORG |

| | |
|------------------|--------------------|
| Laura Thomas | llthomas@TRE.ORG |
| Kyle Cox | kcox@TRE.ORG |
| Cheri Ulmer | culmer@TRE.ORG |
| Heather Meizis | hmeizis@TRE.ORG |
| Brandi Griffiths | bgriffiths@TRE.ORG |
| Colleen Hesnan | chesnan@TRE.ORG |
| Samantha Winter | swinter@TRE.ORG |

Table 2: TRE Backlog Reduction Work Group

Root Cause Analysis

A root cause analysis must be conducted by the CMA to identify why the CMA backlog has occurred, including internal processes and workflows within CMA control. The CMA must report a root cause for each backlogged case management activity they currently have.

TRE has created a supplemental document attached to this plan to discuss the root cause analysis of the backlog. Please see the additional document titled "Backlog Chart."

TRE has conducted and participated in many activities over the past 6 months to better understand the causes of the backlogs within TRE's control and to engage in external review support. These include:

- Database Assessment – TRE worked with a consultant, Wipfli, to complete an assessment of all data systems and processes to obtain recommendations for automations and streamlining of data systems and manual data tracking. This assessment demonstrated numerous inefficient systems and processes that are now being addressed through the creation of a new Client Record Management (CRM) system and Member/Provider Portal. The CRM is on track to go live on 7/31/24 and its impact on streamlining data processes for staff will be tracked and reported.
- IDEA Discovery – TRE worked with consultant, Wipfli, to complete a stakeholder discovery session to understand the experiences of Members, Providers, Staff, and other stakeholders with TRE's services and support. This effort emphasized the impact of delayed access for Members and Providers due to manual data processes, ineffective communication, and complex state systems. TRE has begun to address these needs through a Database/CRM project, Change Management Communication efforts, monthly Provider Meetings, regular Stakeholder Newsletters, and a Process Improvement Project which will be initiated 7/15/24.
- Assessment of Staffing Challenges – TRE's Executive Leadership, in collaboration with our HMA Coach, has extensively evaluated the influences on staffing, which has created higher than appropriate caseloads, stress on staff, and significant turnover. This assessment has shown the following needs:
 - Supervisors managing caseloads must be relieved of those caseloads to support their teams more effectively to manage the workload and eliminate backlogs.
 - Training of new staff (and refreshers for existing staff) needs to be revamped to be more effective in hands-on learning to support competency. In addition,

- Supervisors must be relieved of the responsibility of providing initial classroom/online training for new staff.
- Recruitment of new employees needs to be improved to attract more qualified candidates for case management roles to fill vacant positions, minimize short-term turnover, and relieve existing case management staff of higher caseloads.
 - Assessment of TRE's CMA organizational structure needs to be completed to determine a more effective structure to support TRE's expanded service area and to align with more streamlined processes and systems.
 - Collaboration with HCPF and HMA Coach – TRE has collaborated regularly with HCPF and our HMA Coach to understand the impact of system challenges on our internal systems and processes. It was through this collaboration that a better understanding of the confluence of system events and its impact on local systems – Pandemic and workforce challenges, CMRD, PHE Unwind, and CCM Issues.

CMA Action Steps to Reduce Backlog

Each CMA is required to identify CMAs processes or actions that will positively influence and/or impact the overall backlog. This must include:

- 1) A minimum of one internal process improvement
- 2) The percentage or number the backlog will be reduced by each month
- 3) How the CMA is using stabilization funding to reduce the backlog.

*Please note, CMAs who do not meet their Backlog Reduction Plan action steps or reduce their backlog may be subject to corrective action.

TRE has created a supplemental document attached to this plan to discuss the action steps to reduce backlog by December 31, 2024. Please see the supplemental document titled "Backlog Chart."

TRE has conducted a root cause analysis for each backlog. We describe the results of this in the supplemental document attached and propose an approach for addressing each backlog we believe will enable TRE to make significant progress over the next six months as the timeline for this plan has allowed. The new CRM and Member/Provider Portal we have been developing, scheduled and on track to go live this summer, will make a considerable difference in our ability to achieve efficiency. We also believe the process improvement activities* in which we have engaged as part of our change management efforts in alignment with the CMRD transition will continue to point us to opportunities to modify our practices in ways that will improve our efficiency and efficacy as well. Finally, the recruiting and training of new case managers is ongoing, and we expect to see gaps being filled shortly as these new staff get up to speed. These approaches and more are described in the supplemental document.

***Process Improvement.** TRE has initiated process improvement strategies within teams and departments over the past 3 months. In addition, a formal Process Improvement Project will be facilitated by our consultant Wipfli to further review the people side of our processes and

determine recommendations that will align with the data process improvement accomplished through our CRM efforts.

Our Process Improvement Project, which we strategically timed to begin after we could assess how the new CRM database would affect processes, will target the people side of process vs. data side of process. We will conduct a Discovery exercise to look at each department/area and we will implement recommendations to align with the new CRM/Portal and processes established by it. Related activities include:

- Conduct workshop interviews with both individuals and groups about the organization's programmatic procedures and processes.
- Discuss and document the following:
 - Program processes, including who is accountable and responsible for completion and review of work
 - Work inputs and the quality of these data
 - Work outputs and quality checks
 - How well current process work, or don't work, for each individual/team
 - Challenges or current waste factors that cause inefficiency
 - Understanding current success metrics
 - Segregation of duties and internal controls
 - Management of escalations and emergencies
- Generate ideas and listing of improvement targets, including immediate fixes, people, process, and technology fixes.
- Identify constraints that may impede process improvements and ways to overcome them.

Process Improvement Project outputs from our consultant, Wipfli, will be to make recommendations for work methods and sequence of workflow steps, potential process re-engineering, potential training opportunities, potential realigning of roles and responsibilities. These recommendations will be delivered in a final recommendation report and leadership team presentation. The Resource Exchange's plan for adopting and implementing the recommendations that come out of this process are expected to include leadership workshop meetings to deliberate decision points and agree to changes and prioritization and depending upon the scope of the changes, the anticipated timeline for completing all of it may extend up to a year. TRE's plan to evaluate changes is to monitor KPIs established for CMA required activities and Member and Staff satisfaction measures.

TRE is also in the early stages of evaluating our CMA organizational structure to determine necessary changes that align with the new CRM/Portal and the Process Improvement Project. We anticipate engaging a consultant to support this work by 8/1/24. The timeline for completing this work is 9-12 months. An evaluation of current structure will occur in the first 90 days followed by implementation of the determined changes from that assessment.

Stability and sustainability. TRE will engage in practices to assure sustainability of the eliminated backlog including:

- Ensuring Financial Stability through billing – currently 95% for PMPM, caseload reduction, review of KPIs weekly or 2 x month
- Investing in building a better system for tracking activities for Members. TRE has built a new system, TRE Vault, where all tracking of CM activities will be monitored. TRE SCs, supervisors, managers, and directors can pull reports daily/weekly/monthly to ensure all CM activities are completed timely. Through the Vault, TRE has access to more real time data on activity status.
- Engaging in proactive efforts to sustain CMA stabilization through elimination of backlog of case management activities, appropriate staffing to the needs of Members, efficient systems driving timely and meaningful case management, ongoing recruitment and retention efforts, ongoing tracking of KPIs:
 - Monitor KPIs weekly to identify potential for recurring backlogs and ensure continuity of timely and member driven case management
 - Identify and implement resources and supports necessary to build capacity of supervisors to drive effective teaming
 - Based on evaluation of organizational structure of the CMA, implement changes to drive more efficient operations. Combining learning from implementation of TRE's new data system, process improvement assessment, and organizational structure assessment to establish a timeline and strategies to meet caseload ratio requirements.
 - 7/30/24 – Go Live of new TRE Vault data system to all CMA staff
 - Fiscal Year Quarter 2 – Roll out of Member and Provider portal features of TRE Vault
 - Fiscal Year Quarter 2 - Determine implementation strategies to streamline processes based on Process Improvement Assessment recommendations
 - Fiscal Year Quarter 2 - Develop plan for implementing organizational structure changes based on assessment with consultant
 - Fiscal Year Quarter 2 - caseload ratio requirements met
- Continuing strong oversight of Pueblo subcontracting

Pueblo Subcontracting. Following completion of CMRD Phase 2 transition, two TRE Case Management leaders continue to provide oversight of and guidance for the Pueblo County Department of Human Services subcontract.

1. Can TRE provide more information on how caseload sizes are being met through the subcontracted agency?
 - a. Pueblo County Department of Human Services (PCDHS) caseload size is currently at a 1:80 ratio.
2. How many staff are subcontracted?
 - a. PCDHS currently has 20 employees.
3. Please provide additional information for the 320.2 caseload size reported for Pueblo.
 - a. IDD caseload sizes average 1:65. When TRE assumed the contract in March 2024, TRE was able to retain many of the CBE employees. In addition, TRE had IDD Service Coordinators already serving the Pueblo area. Non-IDD

caseload sizes have decreased from 320 to approximately 280. TRE was unable to hire any of the PCDHS' employees as TRE was told by PCDHS' leadership they would "find" placement in their organization for all. When TRE assumed the contract in March 2024, we started with two (2) employees. TRE currently has nine (9) non-IDD Service Coordinators and 14 vacant positions.

Update: As of 7/26/24, TRE is proactively hiring non-IDD Service Coordinators with the objective of lowering the caseload ratio to 1:88 (with a further reduction target of 1:65 after December 31, 2024). There are currently 13 openings needed to achieve the 1:88 ratio.

- In August 2024, the hiring of 6 candidates is projected.
 - Four prospective employees are expected to commence work at the start of August 2024.
- In September 2024, an additional 7 candidates are projected for hire.
- TRE has on-boarded a dedicated full-time HR Recruiter to aid in this recruitment drive.
- The HR Director has outlined a cooperative strategy with Lakeshore (recruitment agency) for support.

TRE anticipates staggered progress based on the action steps being taken as indicated in the chart below. This is based on the hiring of 30 temporary staff and ensuring adequate training in July and August. Progress is expected to be slower in July and August while the hiring and training is completed. The majority of our progress is anticipated in the last quarter of the year, ensuring resolution of backlogs by December 31, 2024.

| | July | August | September | October | November | December |
|--------------------------------|------|--------|-----------|---------|----------|---------------|
| Projected Progress Reduction % | 1-5% | 1-5% | 20% | 30% | 30% | 10%-remaining |
| Temporary Staff Onboarded | 15 | 15 | | | | |

TRE's plan to ensure accountability for the reduction in backlog will include activities for review of data and progress at multiple levels of the CMA, including:

- Review of backlog data at weekly CMA Leadership Meetings, including:
 - Backlog data
 - Productivity of Temporary Staff
 - Caseload levels of Case Managers
 - Productivity of Case Managers
 - Retention/Turnover Rates of CMA staff
 - Position Vacancies

- Presentation of progress at weekly Executive Leadership Meetings
- Based on progress observed, identification of any changes necessary to actions being taken to ensure elimination of backlogs by 12/31/24. This will identify what is or is not working, what will be done in response, who will be responsible for facilitating, and by when the changes will be made.
 - Actions driving progress that can be enhanced or replicated
 - Actions or challenges slowing progress that need to be addressed or changed
- Implementation of TRE’s CQI Plan and Tools to drive quality improvement as well as elimination of backlog and feedback provided to staff based on the results of the tool’s assessment.

Monthly Data on CMA Staffing

In accordance with Operating Memo 23-068, CMAs are required to maintain a 1:65 member to case manager ratio unless approval has been granted by HCPF for an alternative caseload ratio.

Please identify your CMA current caseload ratio (including approved alternative ratio). In addition, provide information on a recruitment, retention plan and timeline for complying and maintaining these caseload ratio requirements. This includes a coverage plan for vacancies and extended leave.

TRE’s plan to have caseloads of 88 or less was accepted by HCPF under the new contract with the understanding that ultimately TRE will be required to meet the 1:65 caseload ratio. To date, this has been, and continues to be, our goal. There are areas where we have made progress and other areas where TRE has the opportunity for improvement. TRE is working to identify a workload methodology to help leadership understand better the workload that is manageable with a caseload of 65 Members, the optimal size of a team for a supervisor, the additional supports necessary for a team, and the appropriate administrative structure to support staff, teams, and supervisors.

As of 05/29/2024, per TRE’s internal KPI tracking, agency caseloads are at an average of 78.6 per coordinator. It should be noted that this is also a fluid number that is impacted by changes to member enrollments, terminations, and staffing. Further, more specific case load data is included below.

| Program | Average Caseload |
|--|------------------|
| State SLS | 39 |
| FSSP | 74 |
| Pueblo IDD | 56 |
| Pueblo Non-IDD (note: this service is subcontracted with PCDHS. The number reflected is for TRE employees only). TRE has 2 FT non-IDD staff in this area who have an average caseload of | 280 |

| | |
|--|-----|
| 89. The remaining people are being covered administratively that raises the overall average. | |
| Pueblo County DHS (Subcontracted; total caseload 838 Non-IDD) | 88 |
| El Paso Non-IDD | 114 |
| El Paso IDD | 80 |
| CHCBS | 55 |
| Pueblo Enrollments * | 36 |
| El Paso County Enrollments (IDD waivers) | 79 |
| El Paso County Enrollments (Non-IDD waivers) | 48 |
| Park and Teller County Enrollments | 14 |
| Number of supervisors carrying caseloads as of 05/29/2024** (Hayden, Randi, Mandy, Kelly, Cheri, Nancy, Heather, Meagan, Barbara) | 9* |

Table 3: TRE Caseload Data

*Members on an Enrollment caseload have been found functionally and financially eligible for services and are engaging in the service planning process with designated staff.

**TRE notes that it is paramount to staff training and development as well as member experience for Supervisors and leadership to not carry a caseload. Up to 9 Supervisors were carrying reduced caseloads including at the time of the initial submission of this Plan. Since then, TRE has made substantial progress over the past 3 months to reduce the number of supervisors from carrying caseloads. Most supervisors have no caseloads any longer though Pueblo is still supported by the Director and 2 Managers.

Organization Chart. TRE is in the process of developing a new organizational chart based on the above-mentioned projects in the process that will impact on our structure.

Appendix A

Please see below for contractual requirements regarding LOC Assessments and Continued Stay Review Assessments:

3.2.4. The Contractor shall conduct an Initial Level of Care Assessment in accordance with the following timelines:

3.2.4.1. 10 Business Days for individuals residing in the community, upon completion of the DD determination, when the individual requests HCBS waiver services, and upon verifying Medicaid eligibility or submission of a Medicaid application.

3.2.4.2. Five Business Days from the date of referral for individuals residing in a nursing facility or ICF-IID.

3.2.4.3. Two Business Days from the date of referral for individuals residing in a hospital.

3.2.4.4. 10 Business Days after receiving confirmation that the Medicaid application has been received by the county Department of Human or Social Services for individuals residing in the community.

3.2.4.5. 10 Business Days after receiving a referral from a provider for PACE.

3.2.4.6. 5 Business Days after receiving a completed referral from the nursing facility.

3.2.4.7. 5 Business Days after receiving a completed approval for the CLLI Waiver.

3.2.4.8. Two Business Days after receiving a completed referral from the hospital.

3.2.5. The Contractor shall enter and verify the evaluation into the Department's prescribed system within 10 Business Days of completing the evaluation.

3.2.6. The Contractor shall conduct a Continued Stay Review Assessment every 12 months for Clients who are continually enrolled for the HCBS waivers, PACE, Nursing Facilities, Hospital Back-Up, LTHH only, and ICF-IDD. The Contractor shall enter the review into the Department's prescribed system within 10 Business Days of completing the evaluation.

3.2.7. The Contractor shall enter and verify the Continued Stay Review into the Department's prescribed system within 10 Business Days of completing the assessment. Failure by the Contractor to complete the annual Level of Care Assessment shall cause a break in payment authorization for waiver services for the individual or Member.

Please see below for regulatory requirements regarding Monitoring Contacts:

8.7202.K Monitoring

1. Case Management Agencies shall be responsible to monitor the overall provision of services and supports authorized by Case Managers to ensure the rights, health, safety and welfare of Members, quality services, and that service provision practices promote Member's ability to engage in self-determination, self-representation, and self-advocacy. Monitoring is required for all waivers in accordance with federal waiver requirements and §§ 25.5-6-1701 — 25.5-6-1709. §§ 25.5-6-1702(3)

2. Monitoring activities shall include but not be limited to the following:

a. Case Managers shall monitor service providers and the delivery of services and supports identified within the Person-Centered Support Plan and the Prior Authorization Request (PAR) for potential rights violations, risks to health, safety and welfare; changed needs, issues with utilization or provision of services, quality of service deliver, or issues with statutory or legal compliance. This may include, but is not limited to:

- i. Reviewing and following up on Incident reports, individualized service plans, Rights Modifications, and other provider documentation.
- ii. Observing the environment(s) where services are being provided.
- iii. Contacting Provider Agency staff about service provision and Member satisfaction
- iv. Contacting Members and/or their Legally Authorized Representative about service provision and Member satisfaction

b. The Case Manager shall contact service provider(s) to perform monitoring no less frequently than every 6 months.

c. The Case Manager shall, at a minimum, perform quarterly monitoring contacts with the Member, as defined by the Member's certification period start and end dates.

i. At a minimum, Member monitoring contacts shall include the following:

- 1) A review of the Member's Level of Care Screen, Needs Assessment and Person-Centered Support Plan, with the Member, to determine whether their Level of Care or needs have changed, or needs are not being met.
- 2) A review of the Member's service utilization to determine whether services are being delivered/utilized as outlined in the Person-Centered Support Plan /Prior Authorization Request (PAR).
- 3) An evaluation of the Member's satisfaction with services, to include whether service provision practices promote self-determination, self-representation, and self-advocacy and are person-centered.
- 4) An evaluation of the Member's health, safety and welfare, including respect for individual rights.
- 5) A review of the Member's goals, choices and preferences
 - a) An in-person monitoring contact is required at least one (1) time during the Person-Centered Support Plan

certification period not to include the annual Long-Term Services and Supports Level of Care Reassessment. The Case Manager shall ensure the one (1) required in-person monitoring contact occurs, with the Member physically present, in the Member's place of residence or location of services. Case Managers shall contact service providers and Members to coordinate the monitoring.

- ii. The Case Manager shall contact service provider(s) to perform monitoring no less frequently than every six (6) months.
- iii. Upon Department approval in advance, contact may be completed by the Case Manager at an alternate location, via the telephone or using virtual technology methods.
- iv. Such approval may be granted for situations in which in-person face-to-face meetings would pose a documented safety risk to the Case Manager or individual (e.g. natural disaster, pandemic, etc.).

1) The Case Manager shall perform three monitoring contacts each certification period in addition to the one required in-person monitoring. The three additional monitoring contacts shall be either in-person, on the phone, or through other technological modality based on the Member preference of engagement. Additional monitoring contacts may also be performed based on any Critical Incident Reports or other needs that arise throughout the service plan year.

- v. Contacts shall be directly with the Member and/or their Legally Authorized Representative.
- vi. Contacts shall be bidirectional, i.e., questions and responses, conversation between the Case Manager and the Member and/or their Legally Authorized Representative; letters, emails or voicemails to the Member and/or their Legally Authorized Representative shall not constitute a monitoring contact for purposes of this requirement.