RMHS
Rocky Mountain Human Services

Backlog Reduction Plan
July 2024

Rocky Mountain Human Services (RMHS) acknowledges the backlog in case management activities impacting case management and service delivery for members. This document outlines a comprehensive plan to address the backlog, improve case management processes, and ensure efficient service delivery. Following a thorough analysis, RMHS has developed a multi-faceted approach to address the backlog. Through collaboration with the Department of Health Care Policy and Financing (HCPF), RMHS is confident this plan will effectively reduce the backlog and improve members' case management delivery and access to services.

CMA Backlogged Activities as of June 2024

Case Management Activity	Number
Pending Referrals	2,558
Intake Screens	2,558
Initial LOC Assessments	2,041
CSR LOC Assessments	432
Monitoring Contacts	2,701
Service Plan Completion	432

CMA Backlog Reduction Plan Points of Contact:

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Root Cause Analysis

Understanding the root causes of the current backlog in case management activities at RMHS is crucial for developing effective solutions and preventing similar issues in the future. By analyzing both external and internal factors, we aim to gain a comprehensive perspective on the

challenges faced and identify areas for improvement.

As acknowledged by HCPF, a number of issues collided, including the end of the federal public health emergency (PHE), and associated unwind, the implementation of the new Care and Case Management (CCM) data system, and Case Management Redesign (CMRD).

Rocky Mountain Human Services (RMHS) acknowledges that the impact of the PHE unwind was not fully anticipated. Case managers onboarded during the PHE period learned the job purely through the virtual service delivery model. The return to in-person assessments and monitoring activities necessitated a significant shift in the way case managers provided support to members. To bridge this gap, RMHS implemented a comprehensive training program encompassing various aspects of in-person case management.

This training program included in-depth instruction on revised monitoring requirements and best practices for conducting in-person monitoring visits. Additionally, case managers received training on effective time management strategies specifically tailored to scheduling and conducting in-person work. The program also emphasized the importance of purposeful monitoring visits aligned with person-centered care principles.

Additionally, RMHS provided access to various resources on in-person best practices, equipping case managers with the necessary knowledge to effectively navigate these interactions. To complement the theoretical aspects, new case managers participated in in-person shadowing experiences with seasoned staff. This allowed them to observe and learn skills from experienced colleagues. RMHS facilitated knowledge sharing and discussions on the realities of in-person case management through panels comprised of experienced case managers.

Despite RMHS' efforts, the transition to in-person work did contribute to case manager turnover. We are continuously evaluating our training programs and support structures to ensure effective onboarding and ongoing development for our case management team.

The eligibility questions and disenrollment of members post-PHE resulted in a surge in case manager outreach by members. This diverted staff's attention away from routine case management activities in order to support and advise members on their eligibility status.

In addition, the rollout of the CCM presented a steep learning curve for case managers. Working with a new data management system and addressing unforeseen glitches that required HCPF intervention while in use further complicated the transition. Compounding this challenge was the issue of data inaccuracies within the CCM system, necessitating collaboration with HCPF and our CMA partners, to work towards accurate member data across all three phases.

Case Management Redesign also caused an increase in member outreach to case managers and other RMHS staff. Many members are uncertain if they should be working with RMHS or Developmental Pathways (or another metro-area CMA) for case management, and it is not always easy to determine which CMA is involved based on the information available in the CCM system. RMHS staff dedicate a significant amount of time every day speaking with members who transferred to Developmental Pathways at some point in the last 6 months, determining whether a member transferred back to RMHS in the last 6 months (and when), or determining which CMA should be working with a member.

Internal factors also played a role in the backlog. RMHS attempted to implement a new,

untested (HCPF approved) case management model concurrently with the CMA transition. This additional layer of change created further challenges for case managers.

Additionally, high case manager turnover resulted in staffing shortages which limited RMHS' ability to maintain workflow. With significant time dedicated to resolving member concerns about eligibility, terminations, new case manager assignments, and member choice outcomes, routine intake and on-going case management practices received less attention, all contributing to the backlog.

While the backlog of case management activities has common contributing factors, there have also been factors that impacted each specific activity:

- **Pending Referrals:** The volume of referrals received by RMHS post 11/1/23 was underestimated. RMHS used 2022 data points to project staffing levels based on the number of referrals coming in each month from Denver and Adams counties. We estimated 1,000 referrals per month, a reduction of 400 per month with the loss of counties designated for defined service area five. RMHS is currently receiving 1,600 new referrals each month, a 60% increase over the projected 1,000. RMHS has identified a couple of factors contributing to the underestimation.
    - **Nursing Facility (NF), Hospital and PACE (Program of All-Inclusive Care for the Elderly):** RMHS had not fully considered that a significant portion of these referral types originated from Denver. While projections anticipated a decrease in overall referrals due to the transition from five counties to two, these projections did not factor in the continued presence of NFs, Hospital and PACE referral Intake Screens.
- **Single Entry Point (SEP) Backlog:** In preparation for the 7/1/2020 contract transition, RMHS received about 700 unprocessed referrals from Colorado Access. We coordinated the data exchange with Colorado Access and uploaded referral data into our client management system. Once the data transfer was complete Colorado Access continued to send referrals through secure email during the contract transition and start up. Following the transition, several factors impacted RMHS' ability to track and manage referrals effectively including:
    - Agency response to the global pandemic while onboarding the SEP.
    - Unanticipated volume of referrals compared to projected enrollments.
    - Multiple access points to submit referrals.
    - Manual processes and multiple systems to process referrals.

  Hence, RMHS has invested in referral portal to better manage the referral, intake, and screening workflows. While progress has been made on developing this platform, we continue to receive 550-600 monthly referrals that staff manage and track through individual trackers and manual processes. These factors coupled with CMRD system challenges have resulted in a lack of real time data and oversight to effectively project staffing, manage incoming referrals, address the backlog, and meet current contract timelines by referral type.

- **Adams County IDD Referrals**: RMHS did not accurately anticipate the number of IDD referrals that would come from Adams County and was not factored into monthly projections.
- **Initial LOC Assessments:** The higher than anticipated volume of Referrals had a cascading effect on the backlog of Initial Level of Care (LOC) Assessments. The lack of accurate data around CMA members and their Intake status fueled confusion and dysfunction. Inconsistencies were identified between the state's CCM system and RMHS' internal database. These data disparities required significant reconciliation efforts, which in turn caused further delays in completing Initial LOC Assessments. If RMHS had not maintained its own internal database, we are certain it would have significantly increased the negative impact on Members.
- **Continued Stay Review LOC Assessments/ Service Plan Completion:** State member data inaccuracies contributed to a lack of clarity regarding RMHS' active member roster. RMHS compounded this aspect of the backlog by implementing a new, untested (HCPF approved) case management model which charged a "Planning Case Management" team with focusing on the CSR and SP while an "Ongoing Case Manager" would handle day-to-day and monitoring activities.
- **Monitoring Contacts:** As stated above, RMHS' attempt to introduce a new case management model resulted in furthering the backlog. Caseload assignments could not be finalized with the unreliable data available. These factors combined resulted in RMHS falling behind in routine monitorings. Please note, RMHS prioritized completing continued stay reviews to ensure continuity of services.

By acknowledging and addressing both external and internal factors, RMHS can begin planning for the future. The following plan has been developed to tackle the backlog, improve case management processes, and ensure efficient service delivery for RMHS members.

RMHS' Dedicated Support Team - Ops Squad

Following the CMA transition on November 1, 2023, and the subsequent challenges encountered, Rocky Mountain Human Services (RMHS) acknowledged the need for a dedicated support structure to guide the implementation of necessary operational changes within the CMA. In response, RMHS established what we have internally referred to as the Ops Squad.

The Ops Squad consists of key RMHS leaders with extensive experience in strategy, policy, project management, and data analytics. While CMA leadership manages day-to-day operations, the Ops Squad dedicates its expertise to a deeper examination of challenges. They delve into root causes, develop, and implement effective solutions, and conduct comprehensive workflow reviews. The Ops Squad also continuously monitors outcomes to ensure the implemented efforts are delivering the desired results.

The Ops Squad serves as a critical intermediary, fostering clear communication and streamlined decision-making between CMA leadership and the RMHS executive team. Additionally, Ops Squad members actively engage with HCPF in data sharing and communication, ensuring all involved are informed and collaborate effectively.

In addition to capitalizing on available support through Health Management Associates (HMA), RMHS is collaborating with an external contractor specializing in improving operational efficiency and supporting leadership roles. This collaboration provided coaching and guidance to our former Chief Program Officer (CPO) who departed in May 2024. The contractor's expertise focuses on areas like supporting leadership during vacancies, translating strategic plans into actionable steps, streamlining work processes, and evaluating program effectiveness.

RMHS strategically shifted the focus of the external contractor's support. The Ops Squad now benefits from the contractor's expertise, allowing them to further enhance their efforts in workflow optimization, decision making, and program evaluation. This combined internal and external focus strengthens RMHS' capacity to identify root causes of backlogs within our control and develop effective solutions for long-term operational excellence.

RMHS first took the approach of focusing on ongoing case management for two reasons. One, current members were at risk of losing critical services if their ongoing assessments and plans were not updated. Second, RMHS intended to stabilize and then increase capacity on the ongoing side to manage the large influx from intake. RMHS did not want to destabilize both sides of case management. In late July, the ongoing case management data began demonstrating stabilization/improvement. RMHS has since shifted to focusing on the intake process, while sustaining the ongoing case management improvements. The following sections outline those efforts on the intake process.

Streamlining Intake Workflows

RMHS has begun by conducting a thorough review of intake workflows. This analysis uncovered areas for improvement, including unnecessary steps and handoffs that were slowing down the process. One example is a holdover from the previous requirement around contact attempts to schedule an Initial LOC Assessment and RMHS' rigid approach, that required multiple attempts by the referral team and additional attempts by the assigned Intake Case Manager to contact the individual. While remaining in regulatory compliance, RMHS has shifted and implemented a more streamlined approach to track the number of attempts between staff.

Additionally, RMHS is currently implementing a HIPAA-compliant texting system and scheduling protocol to engage the individual earlier in the process to get the Intake Screening completed and initial assessment scheduled timelier. These changes will eliminate unnecessary back and forth phone calls and messages, resulting in a more efficient process and reduce the time from referral to assessment, bringing RMHS closer to the timelines required in the contract.

RMHS has also piloted four Enrollment Information Sessions to provide information, options counseling, and next steps in a group setting so that individuals and families understand the intake process and requirements and understand what next steps they can take in preparation for their initial assessment. Through these pilot sessions, we have been able to reach a larger number of people that need the same basic information in one setting rather than by one person at a time. We have received positive feedback from families and providers that have attended the information sessions, and we are in the process of establishing a routine schedule and on-demand options to expedite the intake process. In the meantime, RMHS will continue to invite individuals that have been impacted by the backlog to targeted information sessions. We will be using the texting system as one means of contacting them with session details and RSVP options.

By eliminating redundancies and offering accessible information and tangible tools for

individuals and families to use, RMHS anticipates a significant increase in the efficiency of processing incoming referrals under the revised process. This will result in more timely completion of Initial LOC Assessment and will allow RMHS to better serve incoming members within the required timeframes.

Dedicated Work Teams: Addressing Backlogs and Streamlining New Referrals

RMHS is committed to tackling the existing intake backlog while simultaneously ensuring timely service delivery for new members. This multi-pronged approach utilizes dedicated work teams and a phased onboarding strategy, allowing us to address the backlog and refine procedures for a more efficient future.

1. Backlog Reduction Team

RMHS added 14 new full-time case management positions to lead the efforts to clear the intake backlog effectively and efficiently. The Backlog Reduction Team will:

- Undergo Abbreviated and Targeted Training: Tailored specifically to Referral and Intake functions through a backlog reduction lens, new team members will receive distinct training to ensure efficiency while maintaining exceptional service delivery. This training has received approval from Health Care Policy and Financing.

- Prioritize Existing Referrals: The team will immediately address referrals received before April 1, 2024.
- Receive Support and Coaching: Seasoned supervisors and trainers will provide ongoing support and coaching. The Ops Squad will offer strategic oversight including adapting the training model to manage the backlog more efficiently.

Onboarding Dates:

- 4 FTEs started on July 1, 2024
- 1 FTE started on July 15, 2024
- 2 FTEs will join the team on July 29, 2024
- 7 FTE currently in recruitment for a targeted start date of August 26, 2024

2. Incoming Referral Team

A separate team is designated to handle all new incoming referrals received after April 1, 2024. This team structure allows for continuous improvement within the intake process, ensuring a consistent and efficient experience for new members.

Details include:

- **Team Composition:** The New Referral Team will consist of 38 FTEs, with 7 vacancies (and 4 team members currently on FMLA leave).
- **Ongoing Assessment of Staffing Needs:** Beginning July 15, 2024, RMHS will

continuously evaluate staffing levels to match the volume of referrals and meet contract deliverables.

- **Individualized Approach by Referral Type:** RMHS prioritizes and proactively schedules incoming referrals based on contract deliverable timelines for hospital, skilled nursing facility, PACE, and community referrals.
- **Prioritizing Urgent Referrals:** Intake Case Managers block time each week outside of scheduled assessments to respond to urgent requests. The referral team determines if a request should be treated as urgent by assessing risk factors including health and safety, housing instability, risk to self or others, and/or actively engaged in the Medicaid appeals process. Once determined, they will flag the referral as "urgent" in our internal tracking system by indicating a yes or no on a specific data point. This makes the urgent status clearly visible to staff, allowing them to prioritize their work to respond to the urgent referrals.
- **Active Staff Recruitment:** RMHS is actively recruiting additional intake case managers to manage the incoming referrals while addressing urgent situations.

As the Backlog Reduction Team works through existing referrals, their experience will inform future updates and revisions to intake workflows. These improvements will be implemented by the New Referral Team, working towards a streamlined and effective intake process for individuals seeking services through RMHS.

Stabilization Funding for Efficient Backlog Reduction

To expedite the backlog reduction within intake activities, RMHS will utilize CMA stabilization funds to hire seven new case managers. These new hires will focus specifically on eliminating the existing backlog as additions to the Backlog Reduction Team. Additionally, HCPF's approval of expedited/abbreviated training for these case managers will allow RMHS to onboard them quickly, enabling them to begin reducing the backlog quickly.

Through these strategic actions, RMHS is confident in our ability to significantly reduce the backlogs within intake activities and streamline the process for both individuals seeking services.

Streamlining Ongoing Case Management Activities

RMHS is committed to addressing the backlog of on-going case management activities, including Continued Stay Reviews (CSRs), Service Plans (SPs), and Monitoring Contacts. By implementing a multi-pronged approach that combines innovative data tools with strong oversight processes, we are positioned to significantly reduce the backlog and ultimately improve service delivery for our members.

Data-Driven Improvement with Internal Tools

As part of the corrective action plan that ended 10/31/2023, RMHS implemented a quality review team and process for internal audits to identify and coach case managers to comply with contract and regulatory requirements and deadlines. Since that time, the Ops Squad has been working directly with the CMA leadership and supervisors to implement tools and systems for continuous quality improvement at each level of the department and replaces the interim quality review team.

- **CSR Tracking Tool:** We have developed an internal data tool for tracking CSR completion. This tool provides multiple benefits:
    - **Rapid Identification:** Past-due CSRs are readily identified, ensuring missed assessments are promptly completed.
    - **Proactive Oversight:** This tool enables us to monitor CSR completion rates closely, enabling early detection of potential delays. This empowers us to take preventive measures and ensure future CSRs are completed on time, or even in advance.
    - **Supervisory Visibility:** Supervisors and managers have easy access to this data, letting them track CSR completion progress for their teams weekly, at a minimum. This data-driven approach facilitates targeted interventions and performance improvement.
- **Real-Time Dashboard for Supervisors (Appendix A):** RMHS has implemented an internal dashboard that provides up to date data on monitoring contacts and monthly contacts. This allows for:
    - **Weekly Reviews**: Supervisors conduct no less than weekly reviews of the dashboard, identifying case managers who may require additional support or training.
    - **Targeted Discussions**: During monthly one-on-one meetings, supervisors can provide data-driven feedback and coaching based on the Monitoring Contact dashboard insights.
- **Setting and Tracking Internal Goals:** We have established the goal to achieve 100% compliance to contract standards and be current on outstanding deliverables by the end of December 2024. We have established specific goals for required pre-enrollment and ongoing case management activities, detailed in Appendix B. RMHS will continually evaluate the specific interventions we are implementing to meet these goals, while reviewing the data metrics and updating dashboards to address emerging needs or barriers. For example, while we are prioritizing reduction of the backlog and tracking completion of monthly case management activities, we are actively working to determine a way to accurately track and ensure members who had missed quarterly monitorings are prioritized in the next quarter.
- **Ensuring Progress Through Clear Oversight and Accountability:** Beyond the data itself, we have established thorough internal processes to ensure the effective utilization of these tools and promote case manager accountability at all levels:
    - **Supervisor Oversight:** Supervisors must actively utilize the internal dashboards and data to track progress, identify any potential issues, and implement corrective actions when necessary.

- **Leadership Monitoring:** The Ops Squad and executive leadership will monitor overall progress towards reaching goals and meeting contractual requirements. This ensures consistent oversight and accountability throughout the organization.
- **Cascading Accountability:** A culture of accountability is fostered by holding individuals accountable at every level, from case managers to supervisors and managers. This reinforces the importance of utilizing the data tools and taking ownership of timely completion and quality service delivery.

By combining innovative data tools with a comprehensive oversight structure, RMHS is confident in its ability to significantly reduce the backlog and deliver exceptional services to our members.

Ensuring Adequate Staffing Levels

Maintaining adequate staffing is essential in working toward the elimination of backlogged activities. We have a multifaceted approach to ensure RMHS has the right number of case managers to meet member needs:

- **Weekly Leadership Meetings with Finance:** CMA leadership meets weekly with the finance team. This open communication loop allows for accurate determination of staffing needs based on active member count. Through this process and utilization of stabilization funds, RMHS has approved additional FTEs and is actively recruiting Case Managers to increase capacity to manage the daily referrals, meet the required ongoing case management activities, while efficiently responding to urgent requests and escalations.
- **Maintaining Appropriate Caseload Ratios:** By actively monitoring and adjusting staffing levels based on member count, we can ensure compliance with the required 1:65 caseload ratio. This enables RMHS case managers to provide efficient service delivery and timely completion of case management activities.
- **Temporary Staffing Agencies:** Our partnership with temporary staffing agencies will be leveraged to expedite the filling of vacant case manager positions. This not only improves customer service for members but also allows us to maintain the required 1:65 caseload ratio.

Increased Case Management Wage

ARPA grant dollars offered through HCPF were utilized to implement 6 months of a 6% wage increase for all eligible CMA staff. This increase was made possible ahead of the new fiscal year's budget and has been successfully sustained in the budget for the upcoming fiscal year. RMHS provides monthly progress reports to HCPF on staff stabilization efforts as a result of the ARPA-related increase.

Progress through Partnership

RMHS is steadfast in its commitment to tackling the case management backlog and ensuring

timely service delivery for our members. We are confident that this comprehensive plan, coupled with a collaborative spirit alongside HCPF and other partners will lead to significant progress in addressing these challenges.

RMHS recognizes the value of a multi-faceted approach that leverages internal efforts and external collaboration. Here is how we plan to move forward:

- **Internal Focus on Efficiency and Data-Driven Solutions**: The Ops Squad will continue to spearhead a data-driven approach to address the backlog. As well as leveraging our internal expertise, RMHS has benefited from the additional guidance and support provided by Health Management Associates (HMA). Our HMA consultants have been instrumental in developing this plan ensuring it aligns with the Department's expectations. We will continue to work closely with HMA throughout the implementation, evaluation, and adaptation phases. This collaborative approach ensures we incorporate best practices and insights when addressing our business practices and the needs of our members. Initiatives like developing and utilizing internal data tools, fostering data accuracy, and streamlining workflows aim to optimize case management processes and ensure timely completion of crucial activities.

- **Collaboration with HCPF**: We acknowledge the importance of working together with HCPF. We are committed to actively engaging in established communication channels to ensure transparency and collaboration:
    - **Monthly CMRD/CMA Impact Check-Ins:** These meetings will focus on data verification, reconciliation, and collaborative development of data-informed solutions for backlog reduction.
    - **Routine Meetings with HCPF's Systems and Operations Unit:** This ongoing dialogue will center on improved reporting, system optimization, and sharing case manager experiences. We appreciate HCPF's willingness to work collaboratively and explore areas where system improvements can benefit case management workflows.

- **Sharing Experiences with Other CMAs:** RMHS recognizes the value of systemwide learning, actively sharing experiences with other CMAs across Colorado, particularly those serving densely populated, urban regions. This exchange will focus on:

    - **Lessons Learned:** We aim to learn from best practices and successful strategies implemented by other CMAs.
    - **Unique Challenges of Urban Settings:** Recognizing the specific challenges faced by densely populated areas with numerous hospitals, nursing facilities, and high homeless populations, we gain insights into managing high referral volumes, requested intakes, and difficulties with follow-through from individuals being referred.
    - **Distinguishing Local and Broader Issues:** Through collaboration, we can differentiate challenges specific to RMHS from broader systemic issues requiring collective solutions.

- **Exploring Opportunities with Colorado Access**: In addition to collaborating with HCPF, RMHS is actively seeking opportunities to partner with Colorado Access. We believe a collaborative effort can lead to innovative solutions that address the backlog and improve service delivery for our mutual members.

By working together with HCPF, other CMAs across the state, and exploring options with Colorado Access, RMHS is confident in its ability to significantly reduce backlogs and deliver high-quality, timely services to our members. This commitment to collaboration ensures that our mutual members receive the essential services they deserve and experience the positive impact of a well-coordinated care system.

Project Management Plan Development and Ongoing Tracking

Building upon the comprehensive strategies outlined in this report, RMHS will translate these actions into a detailed project management plan. This plan will serve as a roadmap for meeting our goals and ensuring operational excellence.

The project management plan will encompass the following key elements:

- **Task Breakdown:** Each strategic initiative will be broken down into manageable tasks. This breakdown will provide clarity on the specific actions required to achieve each goal.
- **Timeline and Benchmarks:** Clear timelines will be established for each task, outlining the anticipated timeframe for completion. Measurable benchmarks will be incorporated to track progress and identify any areas requiring adjustments.
- **Task Ownership:** Responsible team members will be assigned to each task, ensuring accountability and ownership.

This project management plan will serve as a central guiding document for RMHS staff involved in backlog reduction and ongoing case management activities. It will be instrumental in:

- **Guiding Daily Work:** The plan will provide a clear roadmap for ensuring everyone is aligned on priorities and task ownership.
- **Facilitating Collaboration:** The plan will promote transparency and collaboration by outlining a shared understanding of goals and timelines.
- **Monitoring Progress and Reporting to Stakeholders:** The benchmarks will enable RMHS to effectively track progress towards achieving the identified goals. This data will be used to report out to stakeholders, including HCPF, keeping them informed of progress and challenges.

RMHS is committed to transparency and accountability throughout the backlog reduction process. We view this project management plan as a vital tool for achieving our goals and ensuring the delivery of exceptional services to our members.