



Secretary of State Oregon Audits Division **Recommendation Follow-up Report**



Department of Human Services

Consumer-Employer Provider Program Needs Immediate Action to Ensure In-Home Care Consumers Receive Required Care and Services

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Secretary of State

Recommendation Follow-up Highlights

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Department of Human Services

Consumer-Employer Provider Program Needs Immediate Action to Ensure In-Home Care Consumers Receive Required Care and Services

Recommendation Follow-up Results

At the time of the original audit, the Department of Human Services (DHS) fully agreed with 10 recommendations we made and partially agreed with one recommendation. Our follow-up work shows DHS has fully implemented four of those recommendations since the initial report. While the agency has made progress, significant work is needed to implement the remaining seven recommendations. Resolving these recommendations will help improve the safety and well-being of the older adults and people with disabilities who participate in the program.

Highlights from the Original Audit

The Secretary of State's Audits Division found that the Aging and People with Disabilities (APD) program should take immediate action to address gaps in program design and oversight in order to improve the safety and well-being of participants in the Consumer-Employed Provider (CEP) program.

Background

Oregon adopted an innovative, dignified approach to in-home care for older adults and people with disabilities. The most used in-home care program is the CEP program, which positions consumers as employers of their homecare worker.

Purpose

The purpose of the audit was to assess the policies and processes used by APD to ensure the needs of consumers in the CEP program are met. The purpose of this follow-up report is to provide a status on the auditee's efforts to implement the report recommendations.

Key Findings from the Original Audit

The effectiveness of the CEP program is dependent on the consumer, the case manager, and the homecare worker. If each is capable, competent, and supported in their role, the model can be successful. Our audit found:

1. Some consumers are not receiving the support necessary to ensure required employer duties are being performed, which adds to case managers' and homecare workers' responsibilities.
2. Case managers are not consistently contacting consumers, or monitoring services consumers receive, due to excessive workloads.
3. Agency requirements do not ensure that homecare workers are prepared to provide the care and assistance consumers need.
4. Due to current data collection and utilization practices, it is difficult for APD to determine if consumers are safe and receiving the care and services they need.
5. Current deficiencies in the program may put consumers' health and well-being at risk and keep the program from operating as intended.

Introduction

The purpose of this report is to follow up on the recommendations we made to the Department of Human Services (DHS) as included in audit report 2017-23, “Consumer-Employer Provider Program (CEP) Needs Immediate Action to Ensure In-Home Care Consumers Receive Required Care and Services.”

The Oregon Audits Division conducts follow-up procedures for each of our performance audits. This process helps assess the impact of our audit work, promotes accountability and transparency within state government, and ensures audit recommendations are implemented and related risks mitigated to the greatest extent possible.

We use a standard set of procedures for these engagements that includes gathering evidence and assessing the efforts of the auditee to implement our recommendations; concluding and reporting on those efforts; and employing a rigorous quality assurance process to ensure our conclusions are accurate. Implementation status determinations are based on an assessment of evidence rather than self-reported information.

To ensure the timeliness of this effort, the division asks all auditees to provide a timeframe for implementing the recommendations in our audit reports. We use this timeframe to schedule and execute our follow-up procedures.

Our follow-up procedures evaluate the status of each recommendation and assign it one of the following categories:

- **Implemented/Resolved:** The auditee has fully implemented the recommendation or otherwise taken the appropriate action to resolve the issue identified by the audit.
- **Partially implemented:** The auditee has begun taking action on the recommendation, but has not fully implemented it. In some cases, this simply means the auditee needs more time to fully implement the recommendation. However, it may also mean the auditee believes it has taken sufficient action to address the issue and does not plan to pursue further action on that recommendation.
- **Not implemented:** The auditee has taken no action on the recommendation. This could mean the auditee still plans to implement the recommendation and simply has not yet taken action; it could also mean the auditee has declined to take the action identified by the recommendation and may pursue other action, or the auditee disagreed with the initial recommendation.

The status of each recommendation and full results of our follow-up work are detailed in the following pages.

Recommendation Implementation Status

Recommendation	Auditee Action	Status
1. Train case managers to recognize when consumers need additional assistance in completing employer responsibilities.	The Adults and People with Disabilities (APD) Division of DHS has developed and implemented a training for case managers. In January 2018, APD offered the training to all case managers. Moving forward, the training will be presented on a quarterly basis to all new case managers.	Implemented/ Resolved
2. Develop and implement procedures for taking action when consumers are no longer able or willing to perform necessary employer duties.	APD revised OAR 411-030-0040(8) (In home service rule) and OAR 411-034-0040(4) (State Plan Personal Care or SPPC) to add procedures for taking action when consumers are no longer able or willing to perform employer duties. These procedures have been in place since December 28, 2017.	Implemented/ Resolved
3. Monitor consumer care to ensure direct and indirect contacts are occurring according to the Center for Medicare and Medicaid Services requirements and Oregon Administrative Rules.	APD has developed a corrective action process to ensure direct and indirect contacts are being made. Central office staff monitor monthly consumer contact data and communicate with local field offices when they are out of compliance. Local field offices must respond and make corrections to ensure contacts occur.	Implemented/ Resolved
4. Utilize APD's current risk assessment tool to identify consumers most at risk for fraud, neglect, and abuse.	<p>Case managers currently use APD's risk assessment tool and must document that an assessment was completed in the OR ACCESS database before a service plan is created for a consumer.</p> <p>A refresher course on current policy was presented by APD to case managers in November 2018.</p> <p>ADP plans to make revisions to its risk assessment policy so that it aligns with a new risk-based monitoring and tracking system.</p>	Implemented/ Resolved

<p>5. Track compliance with risk-based monitoring in accordance with current APD policies.</p>	<p>APD is developing a risk-based monitoring IT system. This system will link direct and indirect contacts with a consumer's risk assessment. APD has delayed the rollout of this program to update policies and train case managers. The IT component is currently undergoing revisions and the anticipated implementation date is March 2019.</p>	<p>Partially implemented</p>
<p>6. In coordination with the Oregon Home Care Commission and SEIU, establish minimum homecare worker training requirements and develop refresher courses for topics covered in orientation.</p>	<p>In 2018, the Legislature passed Senate Bill 1534, mandating DHS adopt minimum training standards for Homecare Workers and Personal Support Workers by 2020. APD convened a workgroup of stakeholders, including the Home Care Commission and Service Employees International Union (SEIU) among others, to establish these requirements.</p> <p>In addition to the current requirement of four hours of Orientation, new Homecare Workers and Personal Support Workers will be required to complete core training. To continue providing care, workers will be required to complete ongoing education.</p> <p>Proposed rules are currently in the rulemaking process. APD will hire a consultant to develop the Core Training curriculum.</p>	<p>Partially implemented</p>
<p>7. In coordination with the Oregon Home Care Commission and SEIU, implement a new model for managing the Homecare Worker program that lessens the workload of APD staff working in the CEP program.</p>	<p>APD leadership has communicated to SEIU and other stakeholders possible future initiatives to modernize the service delivery system for homecare workers. A significant change to the current management model may require legislative involvement. APD leadership sees this a long-term goal.</p>	<p>Partially implemented</p>

8. Establish a skills assessment for homecare workers to assure that they have the skills, knowledge, and abilities to provide consumer care.

Senate Bill 1534 (2018) required DHS to “establish procedures for testing home care workers and personal support workers on their mastery of the skills and knowledge to be acquired through the [minimum] training.” APD plans to hire a consultant to develop both core training curriculum and a corresponding skills assessment.

The Oregon Home Care Commission is also developing a pre-employment assessment to help individuals determine if joining the homecare workforce is the best fit for them and whether they have the behavioral skills necessary to be successful.

Partially implemented

9. Take steps to ensure that case managers have the time to perform all necessary person-centered planning activities, including reassigning financial eligibility determinations for medical programs and SNAP to other staff.

APD is working to remove financial eligibility determinations from case manager duties. Local offices will implement this change in combination with the implementation of the Integrated Eligibility system which is anticipated to be available fall 2020.

The Integrated Eligibility system will serve as a single application for multiple programs, including Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Employment Related Day Care (ERDC).

APD is also reevaluating its Workload Model tool. Currently, the Work Model measures tasks the case manager is able to do. APD is identifying ways to include activities that case managers are required to do but are unable due to time constraints. The division believes this change may result in future time-saving measures.

Partially implemented

10. Work with the Legislature to ensure case managers are staffed at the level funded.

For the 2019-2021 biennium, DHS-APD proposed to the Governor a request for additional funding to ensure case managers are fully staffed.

However, the division’s proposal was not included in the Governor’s budget request. We acknowledge APD’s efforts to address the recommendation, but the risk to the program remains.

Partially implemented

<p>11. Track and use data to improve the CEP program and inform decision making, including:</p>		<p>Partially implemented</p>
<p>a. CEP abuse and neglect data separately from other settings,</p>	<p>DHS has adopted a new Centralized Abuse Management (CAM) system that will allow APD to analyze abuse across different settings, including abuse committed by Homecare workers. At the end of 2018, all APD districts had implemented the system.</p>	<p>Implemented/ Resolved</p>
<p>b. CEP consumer direct and indirect monitoring frequency separately from all other care settings, and,</p>	<p>APD did not agree with this part of the recommendation. At the time of the original audit's release, APD stated that existing reports were sufficient to monitor compliance with federal regulations.</p>	<p>Not implemented</p>
<p>c. CEP consumers who are considered high risk and whether or not they are getting the required risk-based monitoring</p>	<p>A process for tracking risk-based monitoring, linking direct and indirect contact with the risk assessment has recently been developed. APD has delayed the rollout of this tracking system to update policies and train case managers.</p>	<p>Partially implemented</p>

Conclusion

DHS and APD have made improvements to the agency's CEP program. For example, in response to an audit recommendation, APD developed and implemented procedures for case managers to take when a consumer is no longer able or willing to complete their employer responsibilities. These steps begin with sharing the concerns with the consumer, offering support and resources, encouraging the use of a representative to help, and involvement of central APD office staff in problem-solving and possible removal of a consumer from the program. The effect of these enhancements includes increased safety for program participants, and reduced risk to the State.

However, the program still has significant work ahead, as seven recommendations have yet to be completed. Resolving these recommendations will help ensure the program's vulnerable participants receive adequate care and services.

As described by APD leadership, several factors impacted their efforts to implement these recommendations, including the following:

- As a result of a potential stakeholder lawsuit, in 2018 APD agreed to halt planned policy changes to the in-home care program and modify its services to consumers. This meant all consumers in the CEP program would need to be reassessed for consumer services. The unexpected, added workload and change in policy greatly impacted consumers and case managers in 2018. APD has now implemented the new policies, including an enhanced Notice of Change in Services to consumers that details why a consumer's needs are assigned a specific service level, the number of hours of care they are able to receive, and clearly explains consumer's rights.
- The state's Integrated Eligibility project is a priority for DHS and the Oregon Health Authority. APD is making efforts to align work process changes with Integrated Eligibility so as to avoid change fatigue on the part of case managers and consumers. Similarly, other technical projects and policies that may impact the testing and implementation of this change are impacted by the rollout of Integrated Eligibility.

Within this context, APD has taken steps to address four remaining recommendations. Specifically, APD has made progress to meet the Senate Bill 1534 legislatively mandated timeline to create minimum training requirements, a training curriculum, and skills assessments for homecare workers and personal support workers.

We sincerely appreciate the courtesies and cooperation extended by officials and employees of DHS, APD, and the Oregon Home Care Commission during the course of this follow-up work.



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About the Secretary of State Audits Division

The Oregon Constitution provides that the Secretary of State shall be, by virtue of his office, Auditor of Public Accounts. The Audits Division performs this duty. The division reports to the elected Secretary of State and is independent of other agencies within the Executive, Legislative, and Judicial branches of Oregon government. The division has constitutional authority to audit all state officers, agencies, boards and commissions as well as administer municipal audit law.

This report is intended to promote the best possible management of public resources.
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