

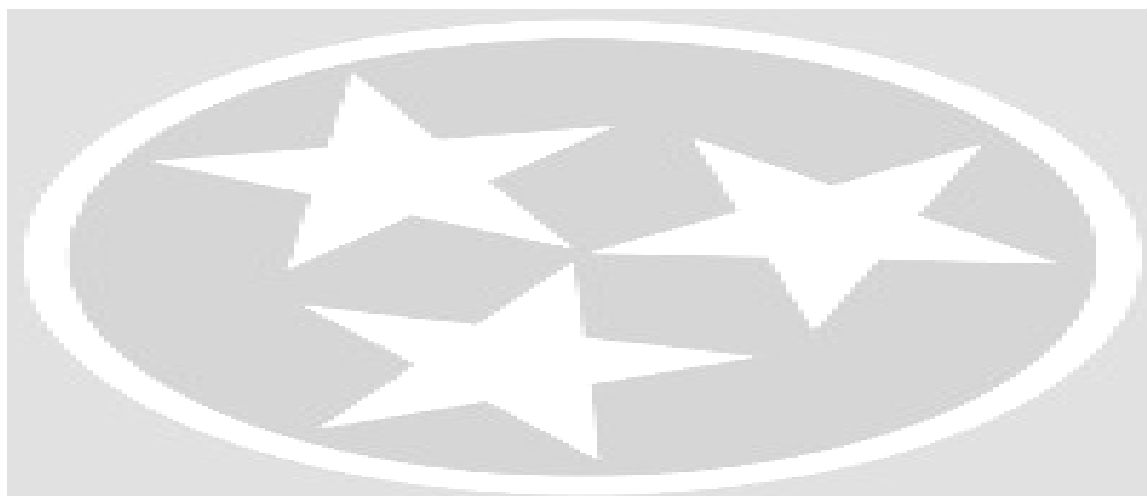
Tennessee Commission on Aging & Disability
Serving Tennesseans Since 1963

HOME AND COMMUNITY BASED SERVICES PROGRAM
REVIEW

FOR

**Southwest Tennessee Area Agency on
Aging and Disability**

27 Conrad Drive, Suite 150
Jackson, TN 38305-2850



Tennessee Commission on Aging and Disability
Statewide Home and Community Based Services Waiver
Quality Assurance Unit

Executive Summary:

The Southwest Area Agency on Aging and Disability (SWAAAD) operates under the auspices of the Southwest Region Development District of Tennessee. SWAAD is one of nine regional AAADs in the state. On January 6 and 7, 2009, the Tennessee Commission on Aging and Disability (TCAD) conducted an on-site quality assurance visit to evaluate the SWAAAD's administration of the HCBS waiver program in serving enrollees within their district. The review consisted analysis of the administrative operations, adherence to personnel requirements, program management, and regional quality assurance monitoring.

In the area of administration, policies and procedures were noted to be appropriate and applied to the program operations. The fiscal review did indicate some issues with invoice verification. The sample of invoices revealed duplicate invoices were passed through for payment. Additionally, invoices for deceased enrollees were submitted for payment.

The personnel who conduct the in-home assessment were interviewed about timelines, policies and procedures related to waiver enrollment. The staff proved to be very knowledgeable and capable. A review of personnel files revealed neither employee had the required verification of the Sex Offender Registry or the Out of State Registry checks included as part of the employment screening process. This is a repeat finding from the March 2008 on-site review. References and employment checks were not present in the personnel file of one waiver staff. There was one staff person identified as a "contract employee", however, the subcontract had not been sent to the State for approval.

Gaps in the service network were the principle concern in programming. Some areas in the region do not offer the choice of at least two providers per service for each county. There are counties in which Institutional Respite is totally unavailable. Lack of access to a service and the lack of choice in service providers continue to be a challenge for the SWAAAD.

The Quality Assurance component of the AAAD seems to be in compliance with all the requirements. Enrollee satisfaction on service delivery was conducted through a survey process. The information gathered from the survey is shared with providers in the semi-annual meetings held by the AAAD for the providers active in their area. Ongoing monitoring of the providers was done within expected timelines. Maintaining a process for tracking of Incident/Complaints, and submittal of reports to the State (TCAD and TennCare) continue to be timely.

There were many positive indicators of the growth and progress of the waiver program in the Southwest region. Seven (7) findings were reported requiring further action by the AAAD.

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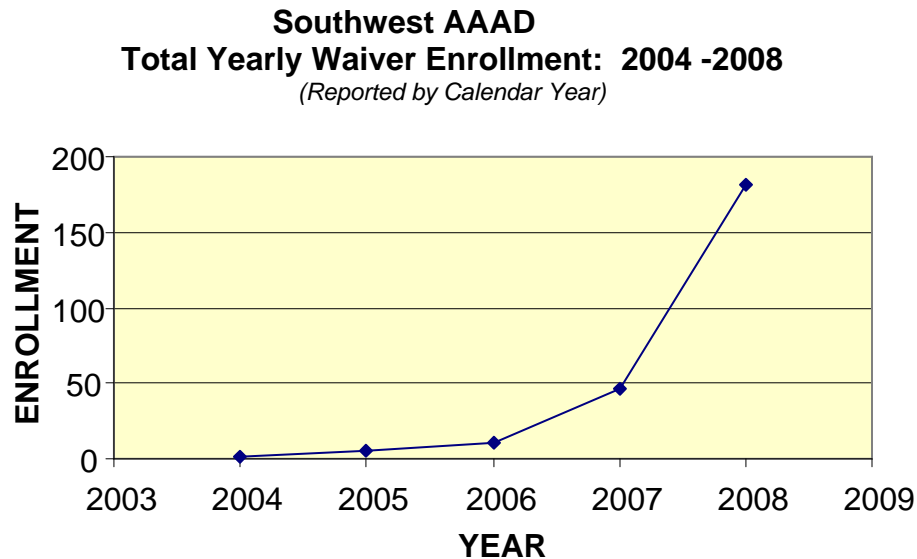
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INTRODUCTION

The statewide Home and Community Based Services (HCBS) Waiver was approved by the Centers for Medicare and Medicaid Services to serve elderly and disabled individuals. This Waiver is intended to provide a community-based, cost-effective alternative to institutional nursing facility care for eligible individuals. The Commission on Aging and Disability serves as the Administrative Operating Agency (AOA) for the Waiver, which is administered under the supervision of the Tennessee Department of Finance and Administration, Bureau of TennCare.

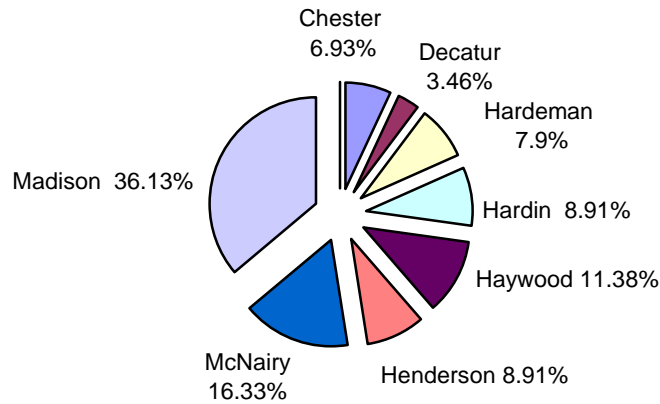
Southwest Tennessee Development District is one of nine Tennessee Regional Offices on Aging and Disability. Their service area includes the following counties: Chester, Decatur, Hardeman, Hardin, Haywood, Henderson, McNairy and Madison. The organization signed a contract to participate in the waiver program in 2004. Since that time, the SWAAAD has continued to demonstrate a progressive increase in its annual enrollment of applicants to the program, as illustrated below:



There has been a dramatic increase in the enrollment over the past calendar year. Positive outreach and networking with the area health service professionals and local communities has helped publicize this program as a desirable alternate choice to nursing home care. The program management has also made a great contribution the positive outcomes achieved.

As of March 2, 2009, Southwest has used 255 waiver slots. This represents five (5) percent of the total slots used statewide. Enrollment is exhibited in all counties the Southwest district. Demographic data for active enrollment is shown in the following chart for current active enrollees as of 1/12/09.

SOUTHWEST AAAD
Percentage of Active Enrollment by County
(January 12, 2009)



The Annual on-site Assessment and Review of Southwest Area Agency on Aging and Disability was conducted on January 6 and 7, 2009 by Kennettra Golden and Susan Millard, Quality Assurance Program Coordinators with the Tennessee Commission on Aging and Disability (TCAD). The review period is Federal Fiscal Year 2008 (October 1, 2007 to September 30, 2008) to the present. The purpose of the review was to:

- Monitor the plan of care for persons receiving waiver services by reviewing a sample plan of care for individuals enrolled in the statewide HCBS program;
- Determine if the agency's records and services provided are supported by appropriate program and fiscal documentation; and
- Verify that the agency is in compliance with applicable statutes, regulations and policies including Title VI.

The previous site review occurred March 5-7, 2008. The following results were noted to be of concern:

1. An outdated provider list of case management agencies was being presented to enrollees from which to make a selection for services. (The provider list also incorrectly showed the SWAAAD as a case management provider.)
2. Adult Day Care and Assisted Care Living Facility were services which were not available within the district.
3. There was no provider of Institutional Respite in either Decatur or Hardin counties.
4. The personnel files of two employees reviewed did not include Sex Offender Registry checks. One file did not contain evidence an Out of State Probation and Parole check had been made.

The specific areas of review for the current annual assessment were: Administration, Personnel, Program, and Quality Assurance. Four monitoring tools were used during the review process.

- The Home and Community Based Services (HCBS) Checklist for Enrollee Waiver File,
- HCBS Waiver Provider Employee Qualification/Verification Tool Sheet,
- The AAAD Intake and Enrollment Function and
- AAAD-Waiver Manager Interview form.

This review was conducted under the authority of the February 2004 *TennCare Statewide Home & Community Based Services Waiver for Elderly and Disabled Provider Manual*, the Bureau of TennCare provider agreement(s) in effect with the agency, and the Rulemaking Hearing Rules of Tennessee Department of Finance and Administration Bureau of TennCare Chapters 1200-13-1 and 1200-13-1-.21.

ADMINISTRATION

Administrative procedures are contractually identified and include but are not limited to:

1. A review of Business capacity, solvency as well as suitability to participate in state and federally– funded programs.
2. Administrative reporting (generally including the following: TennCare annual report and independent audit); TCAD quarterly reports and other required documents for execution, completion and timeliness.
3. Waiver provisions (generally including the following: service restricted to AAAD, appropriate policy and procedure, appropriate marketing materials, and methodology to assure quality service);
4. Record management (generally including the following: records available for inspection, retention criteria, procedure to release enrollee records, and provision for records after discontinuing as a waiver provider);
5. Title VI; and
6. HIPAA provisions.

Observations:

1. Agency viability was confirmed using the U.S. Department of Health and Human Services, Office of Inspector General's, List of Excluded Individuals/Entities (LEIE) database to determine this non-profit agency has not been disqualified from dealing with federal government agencies. There were no negative results noted. Other indicators of business capability (including the following areas: debarment or suspension from federal transactions, terminations of public transactions, filing or history of bankruptcy) were also scrutinized without any significant outcomes.
2. The Comptrollers Sign and Title VI posters were located in the main reception areas of the offices.
3. All agency and district staff received in-service training on a Title VI in January

of 2008. Documentation of Title VI training participants has been recorded in personnel files and is maintained by the Title VI coordinator.

4. The AAAD uses the Bureau of TennCare approved printed material explaining the waiver program and acknowledging the State of Tennessee as the funding source.

Fiscal Review:

The financial evaluation was performed by Mark Hanna, the TCAD auditor who has conducted the fiscal review for all the AAADs for four years. This assessment involved interviews with Jessica Rice, the Fiscal Specialist and Martha Alford the Fiscal Director for the AAAD. All the agency programs were scrutinized by examining the Quarterly Revenue and Expense Reports, Inventory, Supplies Record and General Ledger for the year ending June 30, 2008. There were no discrepancies noted in the documentation provided for the review period.

The AAAD reports adherence to invoice verification protocol prior to submitting invoices for payment. A sample of waiver invoices - three (3) on deceased enrollees, 24 that were identified as duplicates, and 15 home MODs, were reviewed along with the supporting documentation.

Observations:

1. Three (3) invoices for two (2) deceased enrollees were submitted for payment of services. For one enrollee, the use of the end of the month (10/31) rather than the date of death (10/20) generated denial of claims for In-home Respite and Personal Care Assistant. For the second enrollee, a Home Delivered Meal claim was submitted for 10/1-10/31 for an enrollee who died 5/7/08. The second claim was denied also.
2. Review of the 24 duplicate payment sample, ultimately identified two (2) duplicate claim submissions for the same service for the same period for the same enrollee. One occurred for PERs in 10/08 and the other for Case Management in 11/08. In both instances the claims denied.
3. Review of fifteen home MODs invoices entailed multi-year analysis. The current year MOD invoice and any MOD invoices in the prior year were reviewed. No issues were noted with the invoicing process.

PERSONNEL

The Personnel section of the review consisted of evaluation of the policy and procedures; as well as, a review of the personnel records for two individuals hired since the last site visit in March of 2008. Both are employed to perform in-home assessments for the waiver program. The employee files were examined for documentation of current professional licenses, criminal history, reference and background checks, appropriate education and experience, sexual offender registry and abuse registry checks.

Shannon King, a licensed practical nurse (LPN), became an employee of the agency on September 29, 2008. Steve Law has a Bachelor's degree in Social Work, came on staff October 13, 2008. Shelley Matthews, the waiver manager, supervises the program staff, oversees the waiver quality assurance process as well as the service provider network. Ms. Matthews is also the Assistant Director of the Southwest AAAD.

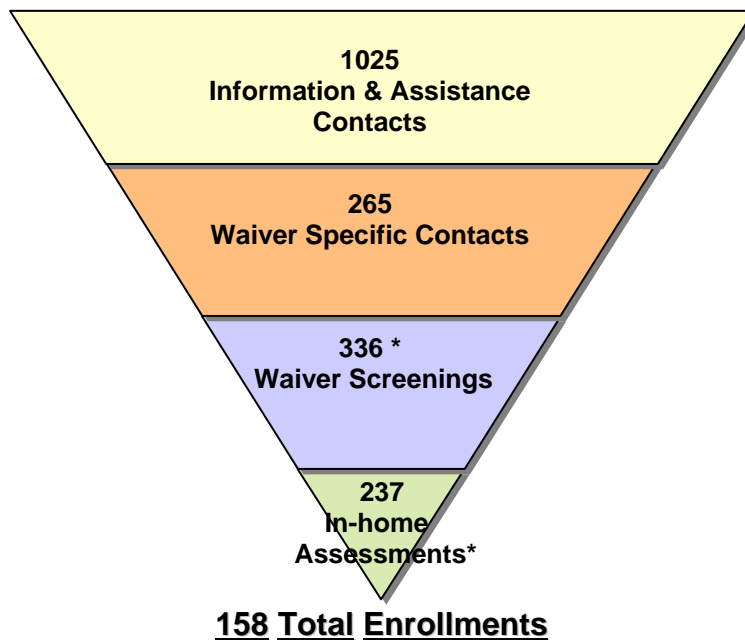
Observation:

1. The employee files were secured in a location with access limited to appropriate personnel.
2. The employment record contained a checklist of the information, which was to be contained in the file.
3. There appeared to be no established format used to organize the information contained in the records.
4. There was a lack of documentation to substantiate all the background checks and references were completed during the employment process of the newly hired staff.

PROGRAM

Waiver program activities for the review period (October 1, 2007 – September 30, 2008) saw an average monthly increase in enrollment slightly over 15.66 percent. The graph below summarizes the activities of the AAAD concerning contacts and waiver enrollment.

Southwest AAAD Overview of Waiver Program Activity for FFY 2008



(*NOTE: Variation in the numbers cited above was the result of the applicant's delaying the timelines while considering their choices and/or gathering the information needed to proceed on with the application.)

The AAAD met all the requirements for timeliness for the enrollment process. There was no waiting list of applicants to be screened or assessed at the time of the review. There were twenty-four (24) applicants for the waiver program denied during this period for a variety of reasons. Those declined included eighteen (18) by DHS, four (4) by TennCare (based on the PAE), and two (2) by the applicant's physician.

Twenty-six (26) enrollees were reported to have had services delayed, reduced or terminated during this period. The reasons for these occurrences included: death of an enrollee, transition into a nursing home, voluntary withdrawal from the waiver program, going to live with relatives, moving out of state, suspension of services due to hospitalization or extended stays in rehabilitation facilities over 120 days.

Adherence to program guidelines was assessed through reviews of the policy and procedures manual, enrollee case files and staff interviews.

A random sample of fourteen (14) case records from both the active and disenrolled individuals served in the HCBS waiver program was examined from the review period.

Additionally, an interview was held with Shelley Matthews, the waiver manager about the overall progress of the HCBS waiver program. In a separate discussion, Shannon King and Steve Law displayed their knowledge of the enrollment process, policy, and in-home assessment of applicants.

Observations:

1. Shannon King and Steve Law demonstrated a thorough knowledge of the HCBS waiver intake/assessment process, timelines and eligibility criteria.
2. Both the intake staff has engaged in outreach activities to educate and gain the support of the medical and social services communities about the benefits of the waiver program to the patients who may qualify.
3. All of the case records sampled used a specific format to organize the documentation. The format was used consistently in all the files surveyed. Information within each record had appropriate identification on every page in the file.
4. All the agency progress notes contained in the files adequately chronicled the enrollee's status.
5. The Physician's orders and revised plans of care for enrollees agreed in the frequency and types of services being provided.

Provider Network:

A review of the provider services availability by county throughout the SWAAAD was performed based on the list of providers cited on the web for the district as well as through an interview with the waiver manager, Shelley Matthews.

Detailed county-specific availability of all thirteen services are tracked and reviewed by the AAAD. The reported number of providers and total active enrollment is time-sensitive and continues to change. The information below lists five specific service categories; Personal Care Attendant (PCA), Case Management (CM), Homemaker Services (HMK), Personal Care Services (PC) and Home Delivered Meals (HDM) . These services are reported below as ratios of providers to enrollees by county at a moment in time.

SOUTHWEST AAAD COUNTIES	Network Adequacy*				
	Ratio of Providers : Enrollee for Five Services				
	PCA	CM	HMK	PC	HDM
Chester	1:1	1:5	1:1	1:1	1:5
Decatur	1:1	1:2	2:1	2:1	2:1
Hardeman	1:4	1:5	1:3	1:3	1:7
Hardin	1:2	1:5	1:1	1:1	1:5
Haywood	1:2	1:8	1:2	1:3	1:8
Henderson	1:2	1:6	1:2	1:2	1:6
Madison	1:7	1:17	1:5	1:5	1:22
McNairy	1:9	1:12	1:4	1:4	1:12

*Excerpt taken from: "TCAD Quarterly Report on Network Adequacy Oct.-Dec. 2008"

Observations:

1. The five specific service categories, were reported as ratios between the number enrollees and providers
2. Network gaps were noted in the lack of service availability and the absence of choice of providers, which fail to meet the program requirements.

Waiver Service Utilization:

A detailed account for all the services by county within the SWAAAD was also examined. Utilization of waiver services for the SWAAAD was based on the 2008 fiscal year's invoices as recorded in SAMS. The following chart shows the service utilization of the active population by service category for the 2008 fiscal year (July 1, 2007 through June 30, 2008).

**SOUTHWEST AAAD FY2008
Utilization of Services by Quarter**

SERVICES TYPE	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.	Total
Adult Day Care	0	0	0	0	0
Assisted Care Living Facility	0	0	0	0	0
Assistive Technology	0	5	11	32	48
Home Delivered Meals	51	98	145	219	513

Homemaker	56	103	149	156	464
In-Home Respite	1	10	19	35	65
Institutional Respite	0	0	0	0	0
Minor Home Modifications	1	4	8	11	24
PERS – Installation	4	15	17	23	59
PERS – monthly	41	59	112	129	341
Personal Care Assistant	14	55	86	119	274
Personal Care Services	38	58	92	89	277
Pest Control	0	6	69	78	153
	206	413	708	891	2218

Observations:

1. The data shown in the chart above represents the total population upon enrollment for each quarter. It was not modified to reflect subsequent changes in the population resulting from disenrollments.
2. Case management was not included in the data since it is a required service with one hundred percent (100%) participation by enrollees.
3. Three types of services (Adult Day Care, Assisted Living, and Institutional Respite) were not used by any of the enrollees during the reporting period despite their availability within areas of the district.

QUALITY ASSURANCE

Adherence to quality assurance guidelines was assessed through reviews of the policy and procedures manual, the incident/complaint log, staff interviews, tracking of quarterly provider phone monitoring and tracking of on-site provider monitoring. The AAAD also tracks missed visits by providers and maintains a log of the following reasons:

- Provider failed to provide service
- Provider schedule error
- Provider had not staff to provide services
- Holiday scheduling
- Hazardous weather
- Other

Missed visits may be a provider- related development or limited to an individual enrollee. Provider issues may be attributable to a service delivery/management problem, whereas difficulty with a specific enrollee suggests a customer service/satisfaction dilemma. In reviewing the reports of missed visits, the AAAD checks for a pattern of excessive failures by providers to make the visits as expected. Possible outcomes of such reviews may range from a CAP being issued, to placing a hold on the provider taking in new enrollees while removing current enrollees to other providers in the most serious instances.

The waiver manager, Shelley Matthews, summarized aspects of the quality assurance related to:

- A. Invoice verification,
- B. On-site monitoring of providers, and
- C. The waiver program's internal QA/QI process

A. Invoice Verification

Prior to being submitted to TCAD for payment, the billing invoices are verified for accuracy by comparing the billing statement to the frequency, duration and type of service rendered as required on the enrollee's current plan of care. If there are any discrepancies noted, the Fiscal Manager, Jessica Rice, contacts the service provider by email and/or by telephone to reconcile the discrepancies before the invoice is submitted to TCAD for payment.

B. On-site monitoring

Providers have the on-site monitoring conducted prior to the anniversary date of becoming part of the regional network. The on-site monitoring consists of review of enrollee files, personnel files, and policy and procedure.

C. Quarterly Phone Monitoring

As per the current contract that went into effect on 7/1/08, the AAAD conducts quarterly provider phone monitoring using the standard statewide monitoring tool.

D. Internal QA/QI process

The Southwest AAAD has a process which includes a monthly meeting of the QI team. This team is comprised of the Waiver Manager, Fiscal Director, SHIP Coordinator and Caretaker Coordinator. The team reviews the trends, activities and other program developments. Any resulting recommendations for changes or modifications in current practices are then sent to the AAAD Director and may then be included in the Area Plan. Policies and procedures have been modified and adapted based on suggestions originating from the QI team.

Observations:

1. A review of the Incident and Complaint logs verified that events were recorded appropriately and action was taken as needed. In one instance, an enrollee reported a discrepancy between services received and the amount billed by the provider agency, WR Community. Shelley Matthews and the AAAD's Fiscal Director investigated the situation by visiting WR Community's office in Memphis and reviewing all time sheets for the enrollee. As a result of the investigation, they actually determined that WR had ultimately underbilled and not submitted claims for the full number of hours represented on all the timesheets. WR Community instituted a tighter in-home time sheet that required enrollee signature daily to document work completed.

2. There were no complaints during the first quarter of the review period.
3. Enrollee Satisfaction Surveys was distributed to 100% of the enrollment by mail twice a year. A survey return rate was reported to be approximately 60 to 65%, which indicates a very high level of participation by enrollees.
4. The results of the survey are shared with service providers as “a report card” sharing consumer feedback on their experience with services.
5. The Southwest AAAD holds Provider meetings twice a year to share relevant information and feedback to the network.
6. The AAAD conducts QA telephone monitoring each quarter for approximately two percent (2%) of the 299 service providers involved in the statewide QA phone monitoring. To date, the agency has completed twenty-eight percent (28%) of the required monitoring for the year. The information was reported in a timely fashion.

Findings Summary Requiring Further Action

ADMINISTRATION

1. The AAADs invoice verification process should ensure that deceased enrollees are billed for properly using the date of death as the ending date rather than the end of the month. Unnecessary service payment denials result in excessive re-billing and may result in provider not receiving proper payment for services rendered.
2. The AAADs invoice verification process should ensure that duplicate invoicing is not submitted for payment. Unnecessary service payment denials result in excessive re-billing and may result in provider not receiving proper payment for services rendered.

PERSONNEL

1. Reference and employment checks were not present in Steve Law's file.
2. Verification of the Sex Offender registry check and Out of State Probation & Parole Supervision registry check were not present in Law's file.
3. Steve Law is a contract employee and his subcontract had not been submitted to the State for approval.
4. Shannon King's personnel file lacked any notation to confirm the Sexual Abuse registry or the Out of State Probation & Parole Supervision Registry was referenced during the employment screening process as required

PROGRAM

1. The provider network for the Southwest AAAD does not have a choice of at least two (2) providers per service in each county. Examples of the service gaps include:
 - Adult Day Care was not an available service choice to enrollees in Chester County.
 - Institutional Respite was unavailable within Hardin or Henderson counties. The remaining counties have only one service provider except Madison County which has two options.
 - Pest Control services were limited to one provider in both Decatur and Hardin counties.

QUALITY ASSURANCE

No findings at this time.

Corrective Action

This report is a draft. You have until April 6, 2009 to provide any additional information that you believe will impact the findings shown. If you have no additional information, the report is considered final on April 6, 2009.

Once the report is final, it is the responsibility of the agency to provide a corrective action plan to any findings cited in the findings summary. Your corrective action plan should identify how you have corrected the specific instance of the cited finding and how your agency will prevent the issue from happening again. You have until May 6, 2009 to submit your corrective action plan to:

Michelle Drachler, Waiver Quality Assurance Supervisor
Tennessee Commission on Aging and Disability
Andrew Jackson Building
500 Deadrick Street, Ste. 825
Nashville, TN 37243-0860

Email: michelle.drachler@state.tn.us

If you have any question, please call 615-741-2056 x153. Thank you for your cooperation and your continued participation as a Statewide Home and Community Based Services Waiver provider.