

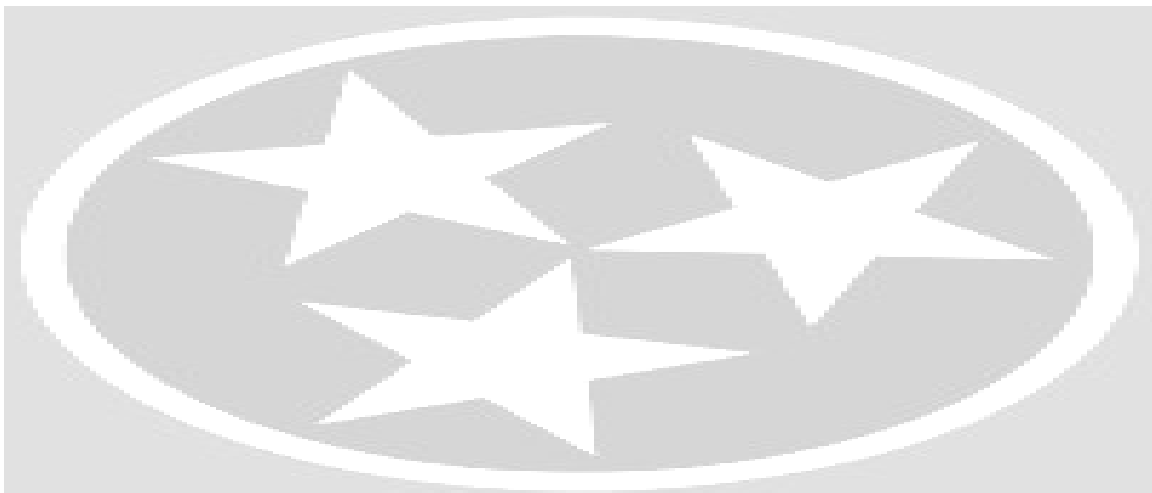
Tennessee Commission on Aging & Disability
Serving Tennesseans Since 1963

AREA AGENCY ON AGING AND DISABILITY REVIEW

FOR

Greater Nashville Regional Council

501 Union Street, 6th Floor
Nashville, TN 37219-1705



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

Executive Summary:

Greater Nashville Regional Council Area Agency on Aging & Disability (GNRC) is one of nine Tennessee Regional Offices on Aging and Disability. On February 17 and 18, 2009, staff from the Tennessee Commission on Aging and Disability (TCAD) conducted an on-site quality assurance visit to evaluate GNRC's administration of the statewide Home and Community Based Services (HCBS) Waiver program in serving enrollees within their district. The review consisted of analysis of the administrative operations, adherence to personnel requirements, program management, and regional quality assurance monitoring. TCAD Fiscal monitoring took place on April 21-24, 2009.

In the area of administration, policies and procedures were noted to be appropriate and applied to the program operations. A copy of the agency's independent audit report for the year ended June 30, 2007 was provided. The report identified certain deficiencies in internal control over financial reporting considered to be significant deficiencies. Management concurred with the recommendations. No deficiencies in internal control over compliance were considered to be material weaknesses. Waiver fiscal review identified some weakness in the internal billing process which allowed duplicate invoices to be submitted for payment and in one instance invoicing for a deceased enrollee after the date of death. No inappropriate payments were made on the incorrect billing. It was noted that information pamphlets do not give program funding credit to the State of Tennessee.

The Service Coordinator Supervisor who oversees case management for GNRC was interviewed at the time of the site visit; additional information to complete the review was provided at a later date. For two employees, required abuse registry checks had not been completed prior to the employees entering the enrollees' homes. A review of enrollee files revealed that three (3) out of the 15 reviewed records did not contain all required documentation.

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. Ongoing monitoring of the providers was done within appropriate 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 GNRC region. The summary page at the end of the report identifies areas that require a corrective action.

TABLE OF CONTENTS

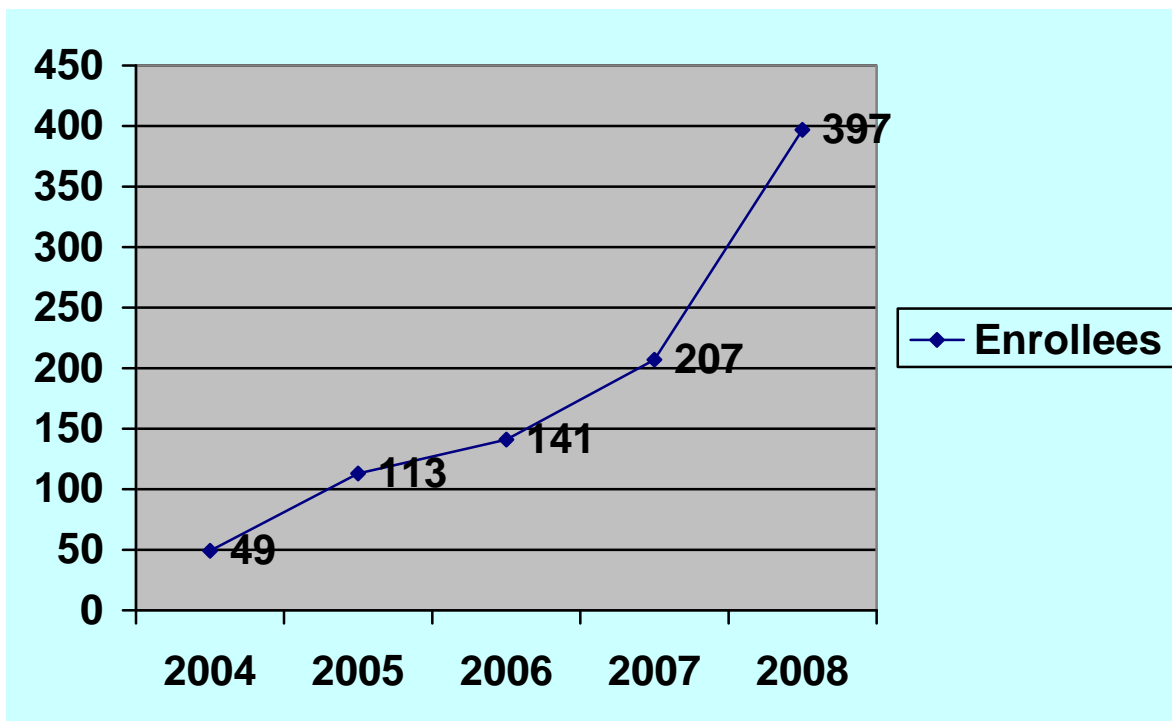
Introduction	Page 4
Administration	Page 7
Personnel	Page 8
Program	Page 9
Quality Assurance	Page 12
Findings Summary	Page 15
Corrective Action	Page 16

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 Lead Agency (ALA) for the Waiver, which is administered under the supervision of the Tennessee Department of Finance and Administration, Bureau of TennCare.

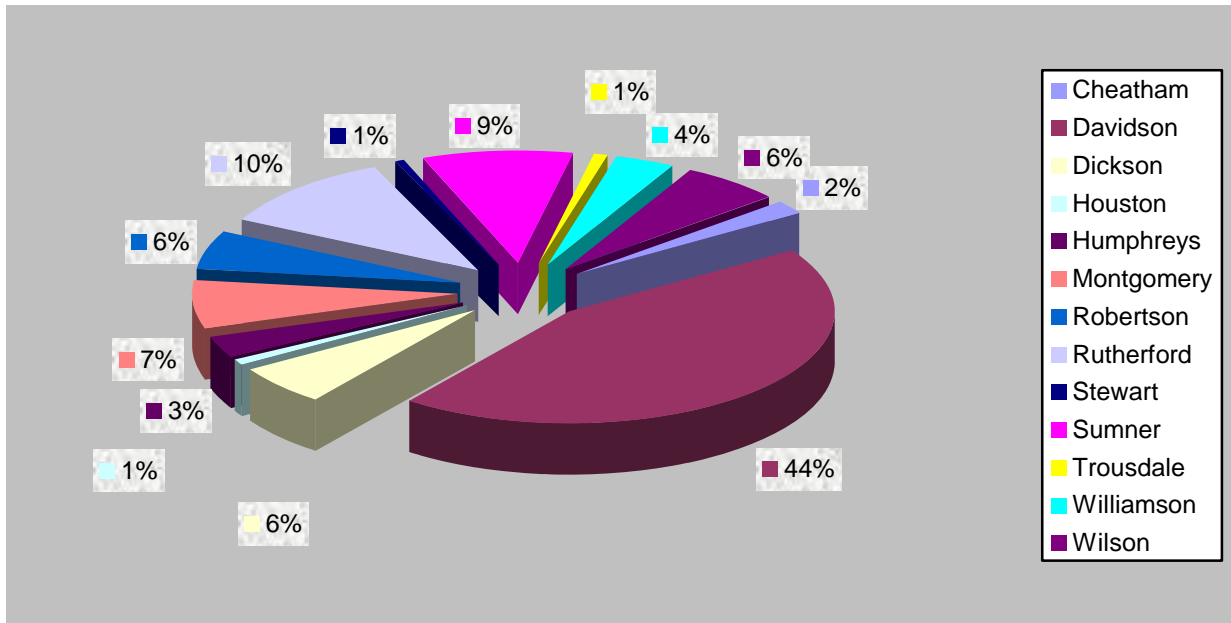
Greater Nashville Regional Council Area Agency on Aging & Disability (GNRC) is one of nine Tennessee Regional Offices on Aging and Disability. Their service area includes the following thirteen counties: Cheatham, Davidson, Dickson, Houston, Humphreys, Montgomery, Robertson, Rutherford, Stewart, Sumner, Trousdale, Williamson and Wilson. The organization signed a contract to participate in the waiver program in 2004 and since that time; has demonstrated a progressive increase in its annual enrollment of applicants to the program, as illustrated below:

GNRC AAAD
Total Yearly Waiver Enrollment: 2004 – 2008
(Reported by Calendar Year)



As of June 17, 2009, there has been a cumulative enrollment of 1134 out of 7494 and a current active enrollment of 729 out of 5109. This represents 14% of the total active enrollment statewide. Enrollment is exhibited in all counties covered by GNRC. Demographic data is shown in the following chart for the current active enrollees:

GNRC AAAD
Percentage of Active Enrollment by County
 (Total Active enrollment as of March 5, 2009)



The Annual on-site Assessment and Review of Greater Nashville Regional Council was conducted on February 17 and 18, 2009 by Susan Millard, Aging Program Coordinator 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 documentation; and
- Verify that the agency is in compliance with applicable statutes, regulations and policies, including Title VI.

The previous site review was completed by QSource for the Audit Year 2006-2007. A Draft Final Report was issued April 2008. Subsequently, GNRC submitted a plan of corrections to address the following oversights which included the following:

1. Continue to ensure that enrollees have a choice of service providers.
2. Work with TCAD and TennCare to develop a policy addressing in-services and continuing education.

3. Expand the QI plan to include committee membership, schedule quarterly QI meetings and document committee activities in minutes.
4. Assure that satisfaction surveys are submitted to TCAD and documentation of submission maintained.
5. Develop a method to verify that TCAD has received hand-delivered documentation such as complaint reports/forms, quarterly summaries, etc.
6. Develop a system to ensure the voluntary and involuntary disenrollment process includes assisting or offering assistance (and documenting same) to help the enrollee locate other available options.
7. Devise some method of communicating the availability of survey results to the enrollee.
8. Develop a formalized, written process for orientation of new employees.
9. Develop and implement a system to request and maintain on file, a copy of delegated oversight conducted by TCAD.
10. Further develop tools used for provider oversight to include all required evaluation elements to ensure all service provider requirements are met.
11. Implement a process to assure that DME approval forms are obtained from TCAD and are filed in the enrollee's record.
12. Develop and implement a procedure for obtaining complete and current physician orders prior to services being rendered.
13. Develop supplemental forms to assure that all required elements are present on the physician's order and IPOC; work with TCAD and TennCare to modify the standard forms so that all required elements are included.
14. Develop and implement processes to assure adherence to the required timelines in visits with enrollees.
15. Initiate and deploy a process to address enrollee satisfaction.
16. Provide training on accurate documentation of CM time and develop and implement a system to ensure billed services have adequate support documentation.

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 forms.

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.

Greer Broemel, Assistant Executive Director and Title VI Coordinator was interviewed on 2/17/09. A Title VI Compliance Review was completed by TCAD staff on 9/9/08 and 9/10/08. At that time, a recommendation was made to include the name and phone number of the agency's contact person on the Title VI poster. The correction was made by the end of the visit.

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 was posted in front of the elevators and Title VI posters were located in the copy machine room.
3. Annual Title VI training is provided to staff and senior center directors. New hires must wait for the Title VI training; however, the agency's policy is printed on the employment application, advertisements in the newspaper and on the website.
4. No discrimination complaints have been reported in the past year.

Finding:

Information pamphlets do not give funding credit to the State of Tennessee.

Fiscal Review:

The agency's last completed independent audit report available is for the year ended June 30, 2007. The report identified certain deficiencies in internal control over financial reporting considered to be significant deficiencies. Management concurred with the recommendations and acted. No deficiencies in internal control over compliance were considered to be material weaknesses. The Greater Nashville Regional Council was determined to be a financial audit low-risk organization.

The waiver financial evaluation was performed by Mark Hanna, the TCAD auditor who has conducted the fiscal review for all the AAADs for four years. The current review was conducted April 21-24, 2009. The assessment consisted of an interview with Kathy White, the Fiscal Specialist for GNRC. 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.

A targeted sample of waiver invoices –30 with billed dates in error were reviewed. Four (4) invoices were identified as duplicates.

Observations:

1. Two (2) of the duplicate invoices were claim submissions for the same service for the same period for the same enrollee. Duplicate payment was not made.
2. The other two (2) duplicate invoices involved billing overlap between HCBS and a Nursing Facility invoice.
3. In one (1) instance, an enrollee died on 10/2/08 and GNRC incorrectly processed and forwarded invoices for payment for November 2008.

PERSONNEL

The Personnel section of the review consisted of evaluation of the policy and procedures; as well as, review of the personnel records for the new hires. Melanie Howell has a Bachelor in Social Work and a Masters in Gerontology. She serves a dual role in overseeing case management for GNRC; plus she handles all the discharges, including those for other case management agencies within the AAAD's service area. She tries to ensure the Department of Human Services receives all necessary information, oversees tracking, and completes the Medicaid Waiver report.

Personnel records for four (4) Case Managers, two (2) Service Coordinators and one (1) Case Aide were reviewed for documentation of current professional licenses, criminal history, reference and background checks, appropriate education and experience, sexual offender registry and abuse registry checks.

Observation:

1. Employee files were secured in a location with access limited to appropriate personnel.
2. Although personal and professional references were usually listed in personnel records; it was not always clear that they had been contacted.

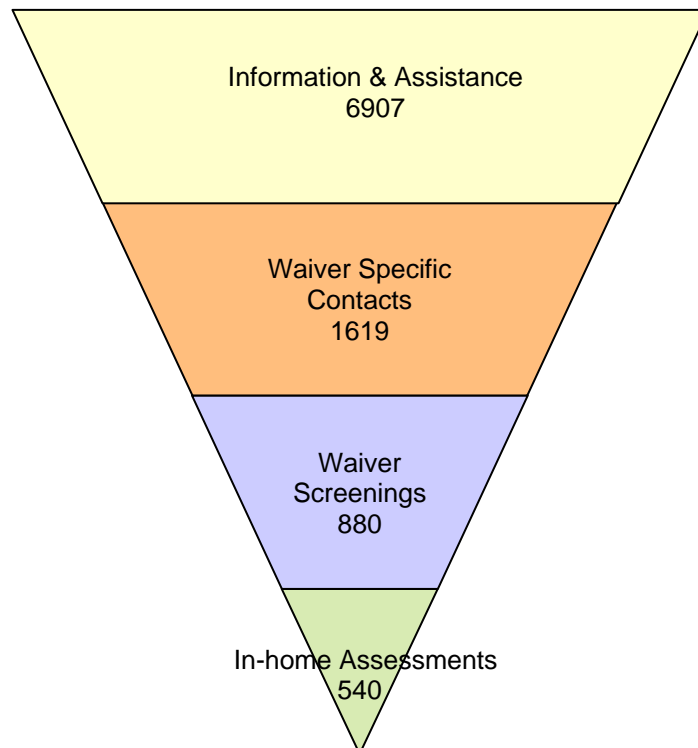
Finding:

One case manager and one service coordinator were hired and began entering enrollee's homes before required abuse registry checks were completed. Abuse registry checks were not completed until 3/2/09.

PROGRAM

The following graph summarizes the activities of the AAAD concerning contacts and waiver enrollment for the review period October 1, 2007 - September 30, 2008.

GNRC AAAD Overview of Waiver Program Activity for FFY 2208



361 Total Enrollments

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 review. There is an average of 10 to 15 discharges per month, usually due to nursing home placement or death; but sometimes, the enrollee chooses not to participate.

There are 3 full time intake workers; however to ensure timeframes are met, GNRC Case Managers also provide intake services depending on the location of the referral and the intake workers' schedules. Case Aides provide a combination of support activities. Two Case Aides work at satellite offices; the one in Dickson delivers meals to enrollees' homes and helps the Case Managers with tracking information. Intake workers are supervised by Fredna Hodge. The agency is trying to provide appropriate services with existing staff in anticipation of changes that might occur when Managed Care Organizations (MCO) start handling case management services. When that happens, the agency anticipates needing more workers to answer phone inquiries.

Adherence to program guidelines was assessed through reviews of the policy and procedures manual, enrollee case files and staff interviews. A random sample of fifteen (15) case records from both the active and disenrolled individuals served in the HCBS waiver program was examined from the review period.

Observation:

Generally, the case records for the enrollees whose case management agency was GNRC were well organized and it was easy to find information. Case records for the enrollees of other case management agencies were not as well organized or as complete.

Finding:

A review of enrollee files revealed that several records did not contain required documentation:

1. In one file, the physician's order for the period 12/08 through 3/09 was not signed until 2/19/09. The previously signed physician's order was 10/9/08.
2. One file did not contain progress notes.
3. One file did not contain an acknowledgement of handbook form, freedom of choice form, current safety plan and home environment form, re-evaluation of care forms or progress notes. Although the enrollee changed case management agencies in 9/08, the file should still contain required documentation.

PROVIDER NETWORK:

A review of the provider services availability by county throughout the GNRC AAAD service area was performed based on the list of providers cited on the web for the district.

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.

GNRC AAAD COUNTIES	Network Adequacy*				
	<i>Ratio of Providers: Enrollee for Five Services</i>				
	PCA	CM	HMK	PC	HDM
Cheatham	2:1	1:3	3:1	2:1	1:3
Davidson	1:8	1:63	1:8	1:8	1:84
Dickson	1:2	1:6	1:2	1:2	1:10
Houston	1:1	1:2	1:1	1:1	1:2
Humphreys	1:3	1:3	1:3	1:3	1:5
Montgomery	1:3	1:11	1:3	1:3	1:14
Robertson	1:2	1:9	1:2	1:2	1:12
Rutherford	1:2	1:15	1:2	1:2	1:20
Stewart	3:1	1:1	3:1	3:1	1:1
Sumner	1:1	1:12	1:1	1:1	1:12
Trousdale	1:2	1:1	1:2	1:2	1:2
Williamson	1:1	1:4	1:1	1:1	1:7
Wilson	1:1	1:8	1:1	1:1	1:10

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

Observation:

The five specific service categories were reported as ratios between the number of enrollees and providers.

Waiver Service Utilization:

A detailed account for all the services by county within the GNRC AAAD was also examined. Utilization of waiver services 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).

GNRC AAAD FY2008 Utilization of Services by Quarter

Services Type	1 st Qtr	2 nd Qtr	3 rd Qtr	4 th Qtr	Total
Adult day Care	0	33	51	53	137
Assisted Care Living Facility	0	0	0	0	0
Assistive Technology	2	15	27	36	80
Home Delivered Meals	129	435	313	751	1628
Homemaker	49	708	*	*	757
In-home Respite	7	163	221	306	697
Institutional Respite	0	1	1	2	4
Minor Home Modifications	1	24	24	11	60
PERS – Installation	4	26	38	43	111
PERS – Monthly	64	604	684	778	2030
Personal Care Assistant	30	377	506	671	1584
Personal Care Services	28	467	483	500	1478
Pest Control	2	42	68	74	186
	316	2895	2416	3225	8852

*Information Not Available

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.

QUALITY ASSURANCE

Adherence to quality assurance guidelines was assessed through reviews of the policy and procedures manual, the incident/complaint log, staff interviews, Provider QT Monitoring log, and Quality Assurance Report for the Fiscal Year 2008. The AAAD also tracks missed visits by providers and maintains a log of the following reasons:

- Enrollee was not home for scheduled visit
- Enrollee refused service

- Enrollee cancelled for doctor's appointment or was ill, etc.
- Enrollee refused services
- Provider unable to provide services
- Provider scheduling error
- Provider cancelled due to holiday

Usually specific reasons are given for the missed visit such as, "Worker didn't go to enrollee's home as scheduled," and "Home Vacant; no new address or phone number." Missed visit reports are consistently submitted to TCAD on a monthly basis as required.

Observations:

1. A review of the Incident and Complaint logs verified that events were recorded appropriately and action was taken as needed.
2. Select monitoring reports were provided which state the annual quality assurance review includes verification of applicable licensure, minimum liability insurance coverage, policy and procedures, timely service delivery, personnel qualifications, proper record maintenance, and subsequent quality assurance to ensure enrollee satisfaction.
3. The following information is based on the Quality Assurance Report for the Fiscal Year 2008: The Quality Assurance Team took a random sample of at least 10 percent of all Waiver and Options beneficiaries and conducted a consumer satisfaction survey. This survey was conducted in June 2008 and consisted of a two-tier process obtaining consumer information from mail and telephone interviews. A total of seventy-five (75) telephone calls were attempted, but fifty-five (55) were actually completed. Self-addressed stamped envelopes were included in the mailings.

At the end of Fiscal Year 2008, GNRC had a broad base of 77 providers. The Waiver Provider Network in the Greater Nashville region was polled regarding the satisfaction with the performance of staff at the Area Agency on Aging & Disability. Four different areas were addressed: AAAD Administration, Program Monitoring, Fiscal Monitoring, and Service Coordination. PERS and Case Management agencies were excluded from receiving surveys. Of the ten (10) areas assessed, all areas fell above the 85% success measurement mark. Three areas; staff calling back, receiving accurate reports, and staff are professional, barely reached the 85% success measurement.

In summary, the majority of GNRC's AAAD consumers for Medicaid Waiver continue to report positive perceptions of the services rendered with the home and community based services rendered. With the exception of in-home respite, more than 80% of consumers report positive perceptions of the services received for the Hands on Service (Personal Care Services, Personal Care Attendant, Homemaker, In-home Respite) and Services Away from Home (Assisted Living, Adult Day Care, Institutional Respite). The consumer's response for in-home

respite services, a total of three (3), does not represent a statistical significant population.

There was a total of 13 provider staff responding to the survey on performance of GNRC AAAD Administration, Service Coordinators, Program & Fiscal Monitors Staff. While all areas assessed were averaged as having over 85% satisfaction rate, the 13 responses reflected feedback from a low percent of 77 Providers.

During the fiscal year 2008, two service providers discontinued services, but there were 38 new providers added. At the end of the fiscal year 2008, only five (5) counties lacked having a minimum of two providers per service. Currently, all counties meet this standard. The amount of time for approval of Medicaid Waiver applications has changed from 6 weeks to an average of 30 days.

Findings Summary

ADMINISTRATION

Program brochures do not give required credit to the funding source.

Invoice processing incorrectly allows duplicate provider invoicing and invoicing after date of death to be presented for payment.

PERSONNEL

In-home service providers began working and entering enrollee's homes before required abuse registry checks had been completed.

PROGRAM

A review of enrollee files revealed that several records did not contain required documentation.

QUALITY ASSURANCE

No findings at this time.

Corrective Action

This is a **Final Report**. A Corrective Action Plan was not provided.

Susan Millard, Aging Program Coordinator
Tennessee Commission on Aging and Disability
Andrew Jackson Building
500 Deadrick Street, Ste. 825
Nashville, TN 37243-0860

Email: Susan.Millard@tn.gov

If you have any questions, please call 615-741-2056 x113. Thank you for your cooperation and your participation as a Statewide Home and Community Based Services Waiver provider.