



Joint Legislative Audit and Review Committee

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Quality Assurance of In-Home Care Services Report 99-2

The Joint Legislative Audit and Review Committee conducted a review of quality assurance practices for in-home care programs administered by the Department of Social and Health Services' Aging and Adult Services Administration and coordinated by Washington's Area Agencies on Aging. These services are funded through Medicaid for seniors and individuals with disabilities. We found that many important quality assurance practices are currently in place, however, they tend to have an *administrative* rather than a *performance-based* focus. We also found that quality assurance measures for the Individual Provider (IP) program are very minimal.

This report recommends that some current monitoring and investigation practices be improved and that the IP payment system be made more accountable. The report also recommends that the Aging and Adult Services Administration improve its quality assurance controls for more vulnerable clients within the Individual Provider program.

Background on In-Home Care

In-home care services are available through Medicaid to seniors and individuals with disabilities who are nursing home eligible but able to remain at home with some personal care assistance (with tasks such as bathing, ambulating, and meal preparation). Approximately 20,000 clients in Washington State receive Medicaid-funded in-home care services at an average monthly cost of \$700 per client. The number of clients in the in-home care program has increased over 160 percent since 1990.

The program is administered by the Aging and Adult Services Administration (AASA) of the

Department of Social and Health Services; most services are coordinated by the state's 13 Area Agencies on Aging (AAAs).

Study Purpose

The purpose of this study was to determine:

1. How well the system is designed to provide for quality assurance;
2. How well the system is implemented; and
3. How the vulnerability of clients served by home care agencies compares with clients served by individual providers.

Quality Assurance Practices

We found that there are many important practices currently in place for quality assurance. Some of these include:

- Standardized training and basic employment requirements for all caregivers
- Licensure for home care agencies
- Annual monitoring of home care agencies by AAAs
- AASA monitoring of AAAs

However, many of the quality assurance practices used by AASA and the AAAs are *administrative* rather than *performance* oriented. In addition, the AAAs' responsibilities for case management have increased significantly since 1995; however, our review shows that AASA has not integrated this change into its AAA monitoring practices. Our review also shows that the Individual Provider (IP) program has limited oversight and few quality controls.

Our review also found that AASA's Adult Protective Services (APS) does not communicate well with AAA case managers and does not track whether or not victims are receiving Medicaid services or whether an alleged

perpetrator is a state-funded caregiver.

IP Payment System

Our study found that IPs report working a significantly higher percentage of their authorized hours than do agency workers. While there may be some legitimate reasons for the difference, the limited accountability and controls within the IP payment system are a concern.

Client Vulnerability

To determine if the limited IP oversight measures are a cause for concern, we compared the assessment profiles for IP and agency clients. The results show that IP clients score higher on vulnerability indicators than do agency clients.

Both personal factors and state policies appear to be influencing a client's "choice" of provider. AASA requires clients to use an IP when assessed to need a lot of care. The policy objective is to provide extended care at a reduced cost. Based on our vulnerability comparison, such a policy may put a potentially vulnerable client into a care environment with few quality controls.

Recommendations

- 1) *The AASA should incorporate performance monitoring elements of case management services into the monitoring of AAAs.*
- 2) *The AASA should strengthen accountability controls over the IP payment system.*
- 3) *The AASA should resolve the data tracking and communication problems with Adult Protective Services*
- 4) *The AASA should improve the quality assurance controls for the more vulnerable clients within the IP program.*