

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**ILLINOIS DID NOT COMPLY WITH
FEDERAL WAIVER
AND STATE REQUIREMENTS
AT 18 OF 20 ADULT
DAY SERVICE CENTERS REVIEWED**

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Deputy Inspector General
for Audit Services**

**July 2018
A-05-17-00028**

Office of Inspector General

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OFFICE OF AUDIT SERVICES FINDINGS AND OPINIONS

The designation of financial or management practices as questionable, a recommendation for the disallowance of costs incurred or claimed, and any other conclusions and recommendations in this report represent the findings and opinions of OAS. Authorized officials of the HHS operating divisions will make final determination on these matters.

Report in Brief

Date: July 2018

Report No. A-05-17-00028

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL



Why OIG Did This Review

We conducted health and safety reviews of Head Start grantees, regulated childcare facilities, and family adult foster care homes in Minnesota. The reviews in Minnesota identified multiple health and safety issues, and we chose the Elderly Waiver program (the program) to determine whether there may be similar health and safety risks affecting vulnerable adults receiving services in Illinois certified adult day service centers (centers). The program funds home and community-based services, such as services received at a center, for individuals aged 65 and older or those 60 through 64 who are physically disabled and would otherwise require the level of care provided in a nursing home.

Our objective was to determine whether Illinois complied with Federal waiver and State requirements in overseeing centers that serve vulnerable adults who receive services through the program.

How OIG Did This Review

Of the 76 centers in Illinois where vulnerable adults received services through the program for the quarter ended March 2017, we selected 20 centers for our review. We selected at least 1 center from 12 of the 13 geographical service areas throughout the State. We conducted unannounced site visits from July 20 through September 18, 2017.

Illinois Did Not Comply With Federal Waiver and State Requirements at 18 of 20 Adult Day Service Centers Reviewed

What OIG Found

Illinois did not comply with Federal waiver and State requirements in overseeing centers that serve vulnerable adults who receive services through the program. We determined that 18 of the 20 centers we reviewed did not comply with 1 or more State requirements. Specifically, we found 105 instances of noncompliance with health and safety and administrative requirements.

Illinois officials said that most instances of noncompliance occurred because center personnel did not have sufficient training on State requirements. Although the State offers initial training to new centers, more State-led training is needed for established centers.

What OIG Recommends and Illinois Comments

We recommend that Illinois ensure that the 105 instances of noncompliance with health and safety and administrative requirements identified in this report are corrected, review training opportunities available to centers that provide services to vulnerable adults and improve or increase them as needed, consider developing templates for administrative records Illinois requires, and work with Community Care Program care coordinators and the centers to establish an integrated plan of care in coordination with the entire care team.

Our draft report identified 111 instances of noncompliance. In written comments on our draft report, Illinois concurred with our first recommendation with respect to 105 of the 111 instances of noncompliance but did not concur with respect to the remaining 6 instances. After reviewing Illinois' written comments and actions taken on these six instances, we removed the instances from our findings and first recommendation. Additionally, Illinois described seven corrective action strategies to remediate the findings moving forward. Illinois concurred with our remaining three recommendations and provided information on actions that it plans to take to address them.

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INTRODUCTION

WHY WE DID THIS REVIEW

The Office of Inspector General has conducted health and safety reviews of Head Start grantees;¹ regulated childcare facilities, including two reviews in Minnesota;² and regulated family adult foster care homes in Minnesota.³ The reviews in Minnesota identified multiple health and safety issues that put children and vulnerable adults at risk.⁴ We chose the Elderly Waiver program (the program) to determine whether there may be similar health and safety risks affecting vulnerable adults receiving services in Illinois certified adult day service centers (centers).

The Illinois Department of Healthcare and Family Services (State agency) administers the program, and the Illinois Department on Aging (IDoA) operates the program under a Federal waiver to its Medicaid State plan. The program funds home and community-based services, such as services received at a center, for people aged 60 and older who are eligible for medical assistance and would otherwise require the level of care provided in a nursing home.

OBJECTIVE

Our objective was to determine whether the State agency complied with Federal waiver and State requirements in overseeing centers that serve vulnerable adults who receive services through the program.

BACKGROUND

The Medicaid program provides medical assistance to low-income individuals and individuals with disabilities. The Federal and State Governments jointly fund and administer the Medicaid program. At the Federal level, the Centers for Medicare & Medicaid Services (CMS) administers the Medicaid program. In Illinois, the State agency administers its Medicaid program in accordance with a CMS-approved State plan. The State plan establishes which services the Medicaid program will cover.

¹ *Review of 24 Head Start Grantees' Compliance With Health and Safety Requirements* (A-01-11-02503, issued December 2011).

² *Some Minnesota Childcare Home Providers Did Not Always Comply With State Health and Safety Licensing Requirements* (A-05-14-00021, issued March 2015) and *Some Minnesota Childcare Centers Did Not Always Comply With State Health and Safety Licensing Requirements* (A-05-14-00022, issued March 2015).

³ *Minnesota Did Not Comply With Federal Waiver and State Requirements for 18 of 20 Family Adult Foster Care Homes Reviewed* (A-05-16-00044, issued October 2017).

⁴ A vulnerable adult needs special care, support, or protection because of age, disability, or risk of abuse or neglect.

Section 1915(c) of the Social Security Act authorizes the U.S. Department of Health and Human Services (HHS) to waive certain Medicaid statutory requirements so that a State may offer home and community-based services to a State-specified target group of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid State plan.

Before the enactment of section 1915(c), the Medicaid program provided limited coverage for long-term services and support in noninstitutional settings but offered full or partial coverage of institutional care. Section 1915(c) was enacted to enable States to address the needs of individuals who would otherwise receive costly institutional care by furnishing cost-effective services that allow them to remain in their households and communities.

Federal regulations for section 1915(c) waivers require States to provide assurance that necessary safeguards will be taken, including implementing adequate standards for provider participation, to protect the health and welfare of individuals served under the waiver and to assure financial accountability for funds expended for those services.

To comply with the waiver, the State agency must also provide assurances that State certification requirements will be met for services or for individuals furnishing services that are provided under the waiver.

Elderly Waiver Program

IDoA operates the program as a component of its Community Care Program (CCP) and is responsible for ensuring participant eligibility, developing service plans,⁵ enrolling waiver providers, ensuring that service plans are implemented, reporting to the State agency, and ensuring that services and providers meet standards established in the approved waiver and governing rules. The program funds home and community-based services, such as services received at a center, for individuals aged 65 and older or those aged 60 through 64 who are physically disabled and would otherwise require the level of care provided in a nursing facility.

Illinois Adult Day Services

In Illinois, adult day services are generally furnished on a regular basis for 4 or more hours per day, 1 or more days per week. Adult day services are designed for older people who want to remain in the community but who cannot be home alone during the day because of a physical, social, or mental impairment. Services offered in centers include health monitoring, medication supervision, personal care, and recreational and therapeutic activities.

To provide adult day services, Illinois requires centers to have a CCP contract with IDoA and follow regulations outlined in the Illinois Administrative Code. To protect the health and safety of elderly

⁵ The service plan describes the waiver services (such as in-home, adult day, or emergency home response services) to be provided to the eligible participant, the frequency of the services, and the center that would be providing the services.

adults, IDoA, as the certification agency for centers, must ensure that centers follow State regulations and standards established in its waiver application.⁶ IDoA monitors centers using certification inspectors who perform routine inspections every 3 years.

HOW WE CONDUCTED THIS REVIEW

Of the 76 centers in Illinois where adults received services through the program for the quarter ended March 2017, we selected 20 centers for our review. We selected at least 1 center from 12 of the 13 geographical service areas throughout the State.⁷ To evaluate the State agency's oversight of State requirements for centers, we conducted unannounced site visits at the 20 selected centers from July 20 through September 18, 2017.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Appendix A contains the details of our audit scope and methodology. Appendix B contains Federal regulations and specific State requirements related to health and safety and administration.

FINDINGS

The State agency did not comply with Federal waiver and State requirements in overseeing centers that serve vulnerable adults who receive services through the program. We determined that 18 of the 20 centers we reviewed did not comply with 1 or more State requirements. Specifically, we found 105 instances of noncompliance with health and safety and administrative requirements. (See Appendix C for a summary of these instances of noncompliance.)

State officials said that most instances of noncompliance occurred because center personnel did not have sufficient training on State requirements. Although the State offers initial training to new centers, more State-led training is needed for established centers. Additionally, the absence of templates for required administrative records contributed to noncompliance with numerous health and safety and administrative requirements. Finally, State officials said that there currently is no standardized document that integrates the plans of care of the CCP and the centers to ensure that there is a team approach to establishing an overall individual plan of care. State officials indicated that they are currently working on developing a standardized, integrated plan of care to be established in coordination with the entire care team, including each center's program director, program nurse, and the vulnerable adults or their caregivers, or both. These instances of noncompliance at the centers are potentially leaving the vulnerable adults in their care at risk.

⁶ 89 Illinois Administrative Code § 240 and the 1915(c) Home and Community-Based Services Waiver, Appendix C.

⁷ There are currently no adult day service centers in 1 of the 13 service areas.

CENTERS DID NOT COMPLY WITH HEALTH AND SAFETY REQUIREMENTS

Centers must comply with State physical environment and health and safety requirements during the terms of their CCP contracts.⁸ To protect the vulnerable adults in their programs, centers must ensure that exit areas are always clear of equipment and debris and are equipped with monitoring or signaling devices to alert staff to vulnerable adults leaving the center unattended.⁹ Additionally, each center must have a space for storing supplies.¹⁰

We determined that 12 centers we reviewed did not comply with 1 or more health and safety requirements. Specifically, we found 18 instances of noncompliance with State requirements on health and safety.

For example, in one center we found a game table partially blocking one exit, making it difficult for participants to exit (Photograph 1). Several pieces of equipment blocked another exit (Photograph 2). In another center, we found an open entrance door that led to a busy street; the receptionist was not on duty, and the signaling device was not working (Photograph 3). In a different center, chemicals, including antifreeze, were on the floor in an office accessible to center participants (Photograph 4).

⁸ 89 Illinois Administrative Code § 240.1550.

⁹ 89 Illinois Administrative Code § 240.1550(b)(12).

¹⁰ 89 Illinois Administrative Code § 240.1550(b)(8).



Photograph 1: A game table partially blocks an exit.



Photograph 2: Several pieces of equipment block an exit.



Photograph 3: An unattended entrance was open to a busy street, and the signaling device was not working.



Photograph 4: Chemicals, including antifreeze, in an open area and accessible to center participants were not properly stored.

CENTERS DID NOT COMPLY WITH ADMINISTRATIVE REQUIREMENTS

Centers must comply with State requirements on administration, such as record maintenance, training, and background checks.¹¹ Among other background check requirements, centers must conduct background studies on all employees before they have direct contact with adults served by the centers. These studies must include a background check against the HHS exclusion database and the State agency's OIG exclusion database.¹² Additionally, centers must maintain an ongoing quality improvement system, reviewed at least annually through staff and community agency surveys.¹³ Furthermore, centers must maintain records of employees who have received flu vaccines and have direct contact with vulnerable adults served at the center.¹⁴ Finally, centers must follow the State's service delivery requirements in establishing each vulnerable adult's plan of care in coordination with the program director and nurse.¹⁵

We determined that 18 of the 20 centers did not comply with 1 or more administrative and service delivery requirements. Specifically, we found 87 instances of noncompliance with State requirements on administration and service delivery.

For example, we found 13 instances in which a center did not have a record showing that it had checked either the HHS exclusion database or the State agency OIG exclusion database prior to at least 1 employee having direct contact with vulnerable adults. In another example, we found nine instances in which centers did not conduct annual staff and community agency surveys to review the quality improvement system and six instances in which centers did not maintain documentation of whether employees received flu vaccines prior to having direct contact with vulnerable adults served at the center. Finally, we found 13 instances in which centers had not established a plan of care in coordination with the program director and nurse.

CAUSES OF NONCOMPLIANCE WITH STATE REQUIREMENTS

State officials said that most instances of noncompliance occurred because center personnel had insufficient training on State requirements. Although the State offers initial training to new centers, State officials indicated that more State-led training is needed for established centers. Additionally, the State agency agreed that the absence of templates for required administrative records contributed to noncompliance with numerous health and safety and administrative requirements. Finally, State officials said that there currently is no standardized document that integrates the plans of care of the CCP and the centers to ensure that there is a team approach to

¹¹ 89 Illinois Administrative Code §§ 240.1510, 1520, and 1555.

¹² 89 Illinois Administrative Code § 240.1520(p).

¹³ 89 Illinois Administrative Code § 240.1510(f)(2).

¹⁴ 89 Illinois Administrative Code § 240.1510(d)(5)(I).

¹⁵ 89 Illinois Administrative Code § 240.230(a)(1).

establishing an overall plan of care for each vulnerable adult. State officials indicated that they are currently working on developing a standardized, integrated plan of care to be established in coordination with the entire care team, including each center's program director, program nurse, and the vulnerable adults or their caregivers, or both. These instances of noncompliance at the centers are potentially leaving the vulnerable adults in their care at risk.

RECOMMENDATIONS

We recommend that the State agency:

- ensure that the 105 instances of noncompliance with health and safety and administrative requirements identified in this report are corrected,
- review training opportunities available to centers that provide services to vulnerable adults and improve or increase them as needed,
- consider developing templates for administrative records the State requires, and
- work with the CCP care coordinators and the centers to establish an integrated plan of care in coordination with the entire care team.

STATE AGENCY COMMENTS AND OFFICE OF INSPECTOR GENERAL RESPONSE

Our draft report identified 111 instances of noncompliance. In written comments on our draft report, the State agency concurred with our first recommendation with respect to 105 of the 111 instances of noncompliance but did not concur with respect to the remaining 6 instances. After reviewing the State agency's written comments and actions taken on these six instances, we removed the instances from our findings and first recommendation. Additionally, the State agency described seven corrective action strategies to remediate the findings moving forward. The State agency concurred with our remaining three recommendations and provided information on actions that it plans to take to address them. The State agency's comments are included in their entirety as Appendix D.

APPENDIX A: AUDIT SCOPE AND METHODOLOGY

SCOPE

Of the 76 centers in Illinois where vulnerable adults received services through the program for the quarter ended March 2017, we selected 20 centers for our review. We selected at least 1 center from 12 of the 13 geographical service areas throughout the State.¹⁶

To evaluate the State agency's oversight of State requirements for centers, we conducted unannounced site visits at the 20 selected centers from July 20 through September 18, 2017. We conducted fieldwork at centers in 12 of the 13 geographical service areas throughout the State.

METHODOLOGY

To accomplish our objective, we:

- reviewed applicable Federal laws and State regulations for centers,
- discussed with State officials how Illinois monitors its centers,
- developed a health and safety checklist from State requirements as a guide for conducting site visits,
- conducted unannounced site visits at the 20 centers we selected for review,
- interviewed State officials to inquire about the causes of center noncompliance, and
- discussed the results of our review with State officials.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

¹⁶ There are currently no adult day service centers in 1 of the 13 service areas.

APPENDIX B: FEDERAL REGULATIONS AND STATE REQUIREMENTS

FEDERAL REGULATIONS

Section 1915(c) of the Social Security Act authorizes the Secretary of HHS to waive certain Medicaid statutory requirements so that a State may offer home and community-based services to a State-specified target group of Medicaid beneficiaries who need a level of institutional care that is provided under the Medicaid State plan.

Before the enactment of section 1915(c), the Medicaid program provided limited coverage for long-term services and support in noninstitutionalized settings but offered full or partial coverage of institutional care. Section 1915(c) was enacted to enable States to address the needs of individuals who would otherwise receive costly institutional care by furnishing cost-effective services while remaining in their households and communities.

Federal regulations for section 1915(c) waivers require States to provide assurance that necessary safeguards will be taken, including adequate standards for provider participation, to protect the health and welfare of individuals serviced under the waiver and to ensure financial accountability for funds expended for those services.

As part of the waiver, the State agency must also ensure that State certification requirements are met for services or for individuals furnishing services that are provided under the waiver.

STATE REQUIREMENTS

Illinois Administrative Code, Title 89: Social Services, Chapter II: Department on Aging, Part 240 Community Care Program

Section 240.230

Adult day service is the direct care and supervision of adults aged 60 and over in a community-based setting for the purpose of providing personal attention: promoting social, physical, and emotional well-being in a structured setting.

Health and Safety Requirements

Sections 240.1550(b)(3)(A)(iii) and (iv)

All adult day service centers must comply with the applicable provisions of the Fire Prevention Safety Code through the Office of State Fire Marshal (41 Ill. Adm. Code 100) and the Illinois Vehicle Code through the Secretary of State (625 ILCS 5).

Section 240.1550(b)(4)

Each facility must have posted an emergency plan for evacuation and must conduct quarterly fire drills in accordance with subsection (b)(3)(B)(i). Documentation of the dates of the fire drills must be on file at the facility.

Section 240.1550(b)(5)

Each facility must maintain room temperatures in the facility of not less than 70 degrees Fahrenheit and not more than 85 degrees Fahrenheit by utilizing a heating system, air conditioning, and circulating fans.

Section 240.1550(b)(8)

Each facility must have space for office equipment and storage of supplies.

Section 240.1550(b)(9)

Hot water temperatures must be controlled to not exceed 119 degrees but not be less than 100 degrees Fahrenheit in client areas and bathroom facilities.

Section 240.1550(b)(12)

Exit areas must be clear of equipment and debris at all times and must be equipped with monitoring or signaling devices to alert staff to clients leaving the facility unattended.

Section 240.1550(b)(13)

One landline telephone capable of accessing and being located by a 911 emergency response system, if available in the area, must be immediately available within the client activity area. A list of emergency numbers must be posted by the telephone.

Section 240.1550(e)

Adult day service centers must acquire and have on file an emergency contact and a recent photograph of each client for emergency purposes.

Administrative Requirements

Section 240.230(a)(1)(A)

The individual plan of care is to be established by the adult day service team, consisting of a program coordinator/director and program nurse, and may include other staff at the option of the program coordinator/director.

Section 240.230(a)(1)(B)

The individualized plan of care is to be established not later than the fourth week of service.

Section 240.230(a)(1)(F)

Reassessing a client's need and reevaluating the appropriateness of the individualized plan of care must be done as needed, but at least semiannually.

Section 240.230(a)(2)(D)

A monthly calendar of activities must be prepared and posted in a visible place.

Section 240.230(a)(4)

There must be a provision for health-related services appropriate to the client's needs as identified in the provider's assessment or physician's orders, including health monitoring

Section 240.1510(a)(1) and (2)

Confidentiality of client records is maintained as required by section 240.340 of the part, including: (1) ensure that access to client records is limited to specific areas within the office and only available to personnel with a need for the information and (2) establish and maintain current and archived files in a secure and confidential manner.

Section 240.1510(d)(3)

Each employee is informed of the wage range for the specific job category at the time of employment and upon any subsequent revisions.

Section 240.1510(d)(5)

Personnel records are maintained for each employee and include:

- (A) an employee application;
- (B) an annual face-to-face performance evaluation;
- (C) documentation of participation in pre-service, in-service, and other pertinent training;
- (E) documentation to support qualifications;

(G) documentation that the websites for the U.S. Department of Health and Human Services and the State agency, Office of Inspector General, were checked for excluded providers; and

(I) documentation that employees having direct contact with clients are annually educated about: the significant risks (including death) frail older adults face when exposed to the influenza virus; the steps homecare aides can take to minimize the risks of exposure, including immunizations; and the locations of resources within the provider's service area where immunizations are available, highlighting those that offer the vaccination for free or nominal costs.

In addition, the provider must maintain records of employees with direct client contact who have received influenza vaccine by January 31 of each year.

Section 240.1510(f)(2)

Centers must maintain an ongoing quality improvement system, reviewed at least annually, through staff and community agency surveys.

Section 240.1520(b)

Centers must carry general liability insurance in the single limit minimum amount of \$1,000,000, \$3,000,000 in the aggregate.

Section 240.1520(i)

All centers must reply to requests by a client, by telephone or in writing, within 15 calendar days from the date of the request. The request and the response must be documented in the client's file.

Section 240.1520(p)

Centers must conduct criminal background checks, as required by the Illinois Healthcare Worker Background Check Act (225 ILCS 46), and check the HHS exclusion database and the State agency's Office of Inspector General database on all agency staff and all regularly scheduled volunteers having access to financial information or one-on-one contact with CCP clients.

Section 240.1555(c)

The minimum ratio of vulnerable adults to full-time staff (qualified adult day service staff, trained volunteers, or substitutes) or full-time equivalents staff present at the adult day service site, when clients are in attendance, must be:

| <u>Vulnerable Adults</u> | <u>Staff</u> |
|--------------------------|--------------|
| 1 to 12 | 2 |
| 13 to 20 | 3 |
| 21 to 28 | 4 |
| 29 to 35 | 5 |
| 36 to 45 | 6 |

(1) Add one additional staff person for each 7 additional clients.

(2) Fifty percent or more of a staff member's time must be spent in on-site direct service or supervision on behalf of one or more clients to be considered in the ratio.

Section 240.1555(d)(1)

Workers must have pre-service training related to the care of vulnerable adults totaling a minimum of 24 hours within the first week of employment. A center may exempt a worker from pre-service training if the worker has had previous documented training equivalent to 24 hours with another CCP agency or in a related field within the past 2 years prior to this employment or holds a valid, active CNA, RN, or LPN license, and/or a BA, BS, BSW, or higher degree.

Section 240.1555(d)(2)

In-service training related to the care of vulnerable adults totaling a minimum of 12 hours for continuing education per year must be mandatory for all adult day service employees.

APPENDIX C: INSTANCES OF NONCOMPLIANCE AT EACH CENTER

| Center | Health and Safety | | Administrative | | | Total |
|--------------|----------------------|-------------------|----------------|----------|-------------------|------------|
| | Physical Environment | Health and Safety | Records | Training | Background Checks | |
| 1 | 1 | | 6 | | | 7 |
| 2 | | | | | | 0 |
| 3 | | 1 | 3 | | | 4 |
| 4 | | | 3 | | | 3 |
| 5 | 1 | | 9 | | | 10 |
| 6 | 1 | 1 | 5 | 1 | | 8 |
| 7 | | | 5 | 1 | 2 | 8 |
| 8 | 1 | | 4 | 1 | 2 | 8 |
| 9 | 1 | | 3 | | 1 | 5 |
| 10 | | 1 | 4 | | | 5 |
| 11 | 2 | | 5 | 2 | 1 | 10 |
| 12 | | | 2 | | 1 | 3 |
| 13 | 1 | | 4 | | 1 | 6 |
| 14 | | | 2 | | | 2 |
| 15 | 3 | | 2 | | 1 | 6 |
| 16 | | | 1 | | | 1 |
| 17 | 1 | | 1 | | 1 | 3 |
| 18 | 3 | | 4 | | 1 | 8 |
| 19 | | | | | | 0 |
| 20 | | | 4 | 2 | 2 | 8 |
| Total | 15 | 3 | 67 | 7 | 13 | 105 |

Notice: We provided to the State agency under a separate cover the specific centers reviewed and their specific violations.

APPENDIX D: STATE AGENCY COMMENTS

y, Suite 100, Springfield, Illinois 62702-1271
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May 17, 2018

Ms. Sheri L Fulcher
Regional Inspector General for Audit Services
Office of the Inspector General
233 North Michigan, Suite 1360
Chicago, IL 60601

Re: Report Number A-05-17-00028

Dear Ms. Fulcher:

Thank you for providing the Department on Aging with the opportunity to respond to the audit titled "Illinois Did Not Comply With Federal Waiver and State Requirements at 18 of 20 Adult Day Service Centers Reviewed". The Department would like to thank you and your staff for the time they spent on this audit, both in the field and meeting with our staff as part of your audit. We understand that our response will be published in the Office of the Inspector General's final audit report. Below are our responses regarding the recommendations contained in the report.

Thank you!

Jean Bohnhoff
Director
Illinois Department on Aging

cc:
Ms. Felicia Norwood
Director
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East
Springfield, IL 62763

Recommendation – Ensure that the 111 instances of noncompliance with health and safety and administrative requirements identified in this report are corrected.

Response: The State concurs with 105 of the 111 findings and has identified seven corrective action strategies to remediate the findings moving forward:

The Department has the authority to conduct performance reviews of contracted provider agencies at any time during the provider's contract period. Currently, the Provider Performance Review consists of a sample of employee and participant files; policies and procedures; physical facility requirements; meal requirements; and activity observations. If non-performance findings result from the Provider Performance Review, the provider receives a written report of the findings and has a specified period of time for adherence. The allowable time period is relevant to the classification of the violation and the applicable corrective action timeframes. If non-performance findings result from the follow-up review, the Department may impose one or more of the contract actions specified in the Community Care Program, Administrative Rule, Section 240.1660.

The State will implement unannounced on-site reviews of Adult Day Service agencies effective immediately. Specifically, the 18 agencies that were selected for the review and found to be noncompliant will have at least one unannounced visit by the end of Calendar Year 2018.

- The State will review and update the “Adult Day Services – Review Worksheet” (Tool) by including more internal controls and higher quality standards. The State will provide training for all monitoring staff on the new tool. 1. The State expects this to address 57 findings. Examples of updates to the Tool include but are not limited to the following:
 - Adding a review of dates Healthcare Worker Background Checks are initiated and results are received;
 - Adding a review of signatures and dates for whom initially develops each Individualized Plan of Care;
 - Adding a review of past three years of general liability insurance;
 - Adding a separate worksheet for substitutes;
 - Adding a review of the community agency and staff surveys including results and implementation of changes based on results;
 - Adding a more thorough review of water temperatures including a review of an on-going temperature log;
 - Adding a review of documentation that employees having direct contact with participants are annually educated about: the significant risks (including death) frail older adults face when exposed to the influenza virus; the steps homecare aides can take to minimize the risks of exposure, including immunizations; and the locations of resources within the provider's service area where immunizations are available, highlighting those that offer the vaccination for free or nominal costs. Additionally, adding review of records of employees with

direct client contact who have received influenza vaccine by January 31 of each calendar year; and

- Adding a more thorough review of all physical and environmental requirements.
- The State will create a template for employee and participant records as stated in recommendation three. Each template will outline the required documentation to be maintained in the participant and employee record. The State agrees that a standardized list of any, and all, required documentation for ADS facilities is beneficial and will address 46 findings.
- The State will create an ADS Policy to address the health, safety, and welfare of ADS participants and compliance with the Community Care Program Administrative Rule and the Medicaid Waiver 1915 (c). The State expects this to address 42 findings. Topics to be included in the ADS policy include but are not limited to the following:
 - Requiring standardized First Aid Kits;
 - Establishing new guidelines for emergency evacuation plans;
 - Establishing a procedure for routinized State Fire Marshall Inspections;
 - Implementing two administrative record templates, one for employee records, and one for participant records;
 - Clarifying Administrative Requirements which address multiple physical and environmental requirements;
 - Establishing timeframes for updating participant photos and emergency contacts; and -
 - Clarifying the requirements for transportation inspections.
- The State is currently reviewing and updating the Community Care Program Administrative Rule to include the Person Center Planning requirements. The State expects this will address 39 findings.
- The State is creating a Healthcare Worker Criminal Background Check Policy and will provide training to all Adult Day Service providers to enhance compliance with the Community Care Program Administrative Rule. The State expects this will address 13 findings.
- The State implemented a Critical Event Policy in 2017, which requires providers to report all Critical Events to IDoA and their CCU. The State expects this will address one finding.

Of the 105 findings that the State agrees with, there are six findings which are not supported by measurable standards/criteria. Five findings regard how recent the participant photograph is, however, there is no current standard as to how often photographs should be obtained. There is also a finding that states, “Very limited health monitoring.” No measurable criteria was noted in the finding.

The State disagrees with six of the 111 findings as outlined below:

- Three of the 111 instances of noncompliance involved conducting and documenting fire drills. The State requires that fire drills be conducted and documented as outlined in the Community Care Program Administrative Rule, Section 240.1550(b)(4) *Each facility shall have posted an emergency plan for evacuation and shall conduct quarterly fire drills in accordance with subsection (b)(3)(B)(i). Documentation of the dates of the fire drills must be on file at the facility.*

Notwithstanding the noted findings in the Report, the State found that the three agencies were conducting quarterly fire drills in accordance with the administrative rule cited above. The State obtained documentation from each agency as listed below:

- [REDACTED] had fire drills conducted on: 2/17/17, 6/8/17, 8/17/17, and 11/18/17
 - [REDACTED] had fire drills conducted on: 3/29/17, 6/12/17, 9/1/17, 12/4/17
 - [REDACTED] had fire drills conducted on: 2/28/17, 5/30/17, 9/29/17, 12/4/17
- One of the 111 instances of noncompliance involved completing a Healthcare Worker Background Check at [REDACTED]. The State requires background checks be completed as outlined in the Community Care Program Administrative Rule, Section 240.1520(p), 240.1520(p)(1)&(2) Providers must conduct criminal background checks, as required by the Illinois Healthcare Worker Background Check Act [225 ILCS 46], and check the HHS exclusion database and the HFS Office of Inspector General database on all agency staff and all regularly scheduled volunteers having access to financial information or one-on-one contact with CCP clients. (1) Provider agencies shall comply with the requirements of the Health Care Worker Background Check Act. (2) Staff refusing to submit to a background check shall not have contact with CCP clients in any capacity.

Licensed staff, such as nurses, do not fall under the jurisdiction of the Health Care Worker Registry and therefore do not need a background check through the registry. The Health Care Worker Registry (HCWR) is governed by the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code [77 Ill. Adm. Code 955]. The Act and the Code mandate which employees fall under the jurisdiction of the HCWR.

Office of Inspector General Note – We redacted personally identifiable information and center names because we chose not to specifically identify center names in our report.

- One of the 111 instances of noncompliance noted that [REDACTED] did not have pre-service training available for staff. The State requires that effective March 23rd, 2009 preservice training be completed as outlined in the Community Care Program Administrative Rule, Section 240.1510(d)(5)(C) documentation of participation in pre-service, in-service and other pertinent training (orientation in agency policies) in accordance with Department training required by Sections 240.1535 and 240.1555.

Per the State's review on of July 25th, 2017, [REDACTED] had four employees, 3 of which were hired prior to the effective date of the Rule. The fourth was an RN that was exempt from pre-service training based on Community Care Program Administrative Rule, Section 240.1555(d)(1) A worker may be exempted from pre-service training by the provider if the worker has had previous documented training equivalent to 24 hours, with another CCP agency, or in a related field, within the past two years prior to this employment or holds a valid, active CNA, RN or LPN license, and/or a BA, BS, BSW or higher degree.

- One of the 111 instances of noncompliance noted that [REDACTED] [REDACTED] had no landline phone in the activity area / rely on cell phones. The State requires telephones be present as outlined in the Community Care Program Administrative Rule, Section 240.1550(13) One landline telephone capable of accessing and being located by a 911 emergency response system, if available in the area, shall be immediately available within the client activity area. A list of emergency numbers shall be posted by the telephone.

The State performed monitoring visits in December 2013 and February 2018, where a landline phone was noted in the participant activity area at time of review.

Recommendation – review training opportunities available to centers that provide services to vulnerable adults and improve or increase them as needed

Response: The State concurs with this recommendation. As a remediation strategy, in addition to the new provider training that the Department provides to all new Community Care Program (CCP) contracted agencies, and the 24 hours of pre-service training provided by the ADS agencies, IDoA will develop and administer a training specific to supervisors employed by ADS provider agencies. The required ADS supervisor training would be in addition to the required 12 hours of in-service training.

Office of Inspector General Note – We redacted personally identifiable information and center names because we chose not to specifically identify center names in our report.

At a minimum, the new training curriculum will include the following: overview of HCBS Waiver requirements specific to ensuring the health, welfare and safety of participants; administrative requirements outlined in the Community Care Program Administrative Rule, Section 240.1505, 1510, 1520, 1550, 1555, and 1580, including administration of background checks, person centered planning and the development of an integrated care plan, review of the standardized format for the integrated ADS care plan, proper storage of hazardous materials, maintenance of clear exit areas, and documentation of the risks associated with influenza and available resources for the flu vaccine. Additionally, the required training for ADS supervisors will provide an overview of the standardized template for administrative records.

The ADS supervisor training will be mandated for all certified ADS agencies and it will be held on annual basis. The first mandated training will be held within three months following the publication of the final OIG report. ADS supervisors will be required to pass a test documenting their understanding of the topics covered by the Department led training. Documentation of training dates and test results will be maintained in the ADS personnel folders and will be reviewed by IDoA monitoring staff on an annual basis via a desk audit.

Recommendations – Consider developing templates for administrative records the State requires.

Response: The State concurs with this recommendation and will develop two separate templates, one for participant records and one for employee records, to address compliance with the Community Care Program Administrative Rule. Each template will individually outline and instruct the Adult Day Service staff how to organize and maintain employee and participant records. The State will train on utilization of the templates and best practice moving forward. Adult Day Service providers will be required to maintain employee and participant records according to the template or become subject to findings resulting in corrective action.

Recommendation – Work with the CCP care coordinators and the centers to establish an integrated plan of care in coordination with the entire care team.

Response: The State concurs with this recommendation and has been actively working to address the development of an integrated and standardized ADS care plan in response to the federal CMS final regulations specific to person centered planning and integrated settings as well as the recommendation provided to IDoA by CMS during the renewal of the Elderly Waiver. The Department promulgated amendments to its Community Care Program Administrative Rule on 12/31/17. Language included in the proposed amendments addressed the requirement for an integrated ADS plan of care. Specifically, the proposed amendments state, Section 240.230, a) 1) A state, “The individual ADS Addendum will be developed by the adult day service team consisting of participant/authorized representative, Program Coordinator/Director and Program Nurse, and may include other staff at the option of the program Coordinator/Director.” Additionally, Section 240.230a)1) D) requires that “The individualized ADS Addendum (plan of care) shall address the needs identified by the CCU as described in the comprehensive assessment.” The ADS addendum language replaces the ADS plan of care – meaning that the addendum is to be a part of the participant’s overall plan of care.

The amendments, which incorporate the federal CMS final rule regulations specific to person centered planning and integrated settings, were published in the Illinois Register on 12/31/17. IDoA is in the process of reviewing comments on the proposed amendments and preparing the second notice filing.

In the fall of 2017, IDoA formed a workgroup consisting of ADS providers and Department staff to develop a standardized ADS Addendum (plan of care) that is to be integrated with the participant's overall plan of care. The template was finalized in collaboration with the workgroup. The Department plans to develop a policy specific to the requirement for an integrated person-centered care plan and the use of a standardized template, the active role of the participant in the development of the ADS Addendum, and the requirement for the CCUs to share the comprehensive assessment with the ADS to ensure coordination between the two entities. Once the policy is completed and reviewed by the HFS Waiver team and the HFS Policy Review Committee, the ADS provider agencies will be trained on the policy and the new template for a standardized ADS addendum template. The Department's monitoring tool for ADS will be modified to ensure the review of compliance with 1) CCUs provide ADS with comprehensive assessment 2) ADS' utilize a standardized template for ADS addendum 3) documentation that participant/authorized representative was involved in the development in the ADS addendum 4) documentation that participant signed the ADS addendum 5) ADS agencies provide CCUs with the ADS addendum.