

**Testimony
Department of Human Services
Human Services Committee
Representative Alon Wieland, Chairman
January 17, 2012**

Chairman Wieland and members of the Human Services committee, I am Karen Tescher, Assistant Director of the Long Term Care Continuum with the Medical Services Division, for the Department of Human Services. I appear before you to provide information on the Department's process by which individuals can report issues with Qualified Service Providers (QSP) as well as information regarding complaints received, and the amount of funding appropriated for QSP rate increases for the 2009-2011 and 2011-2013 Bienniums.

QSP Complaint Process

The Department assured the Centers for Medicare and Medicaid Services (CMS), in the application process for both the Home and Community Based Services (HCBS) Waiver and Technology Dependent Waiver that all complaints will be responded to within 14 days, and the Department will seek a resolution to the allegation and, if the complaint is substantiated, develop an improvement plan.

Although not all providers serve clients whose services are funded under the waivers, this complaint process is applied universally across all HCBS Programs (for example: Service Payments for the Elderly and Disabled and Medicaid Personal Care).

The Department's internal policy, as well as the Waiver assurances, require that the Department will accept complaints from any individual or agency; the complaint can be either verbal or written.

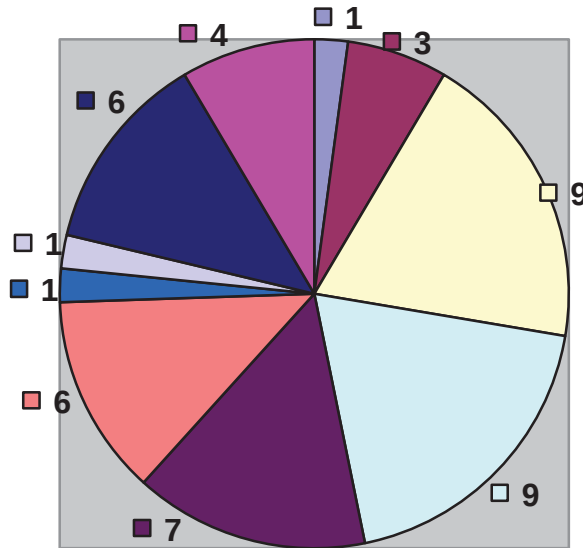
As outlined in policy, County HCBS case managers are required to report complaints and provide written documentation regarding the complaints. Complaints may include allegations of recipient self-neglect or allegations against a QSP, a family member, an agency, or any other individual. Development of a resolution to the complaint may involve a team depending on the living arrangement of the client.

For example, if the client lives in an Assisted Living Facility the team may include the Department staff responsible to license the Assisted Living Facility, the Regional Long Term Care Ombudsman, HCBS Medical Services staff, as well as N.D. Protection and Advocacy Project staff.

The following pages provide information regarding QSP complaints received by the Department from 2007 to 2011.

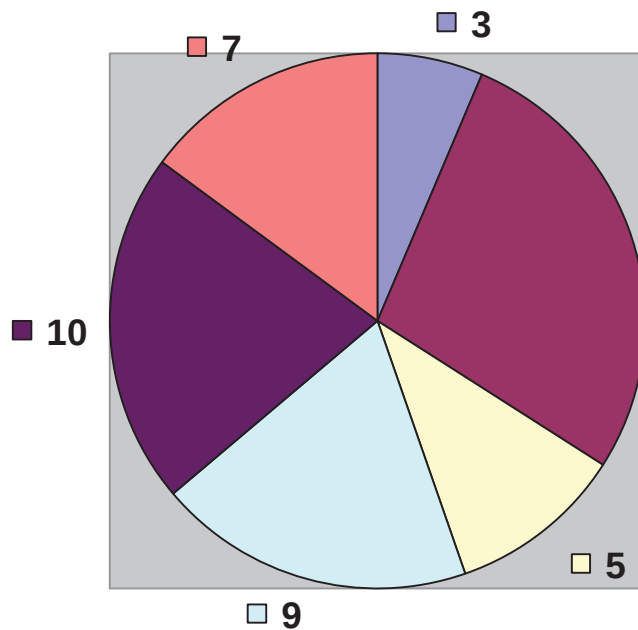
2007

47 Complaints were reported



- Absenteeism-1
- Criminal Activity-3
- Abuse/Neglect/Exploitation-9
- Billing Inappropriately-9
- Poor Care-7
- Case Management Unacceptable-6
- Breach of Confidentiality-1
- Property Damage-1
- Theft-6
- Other-4

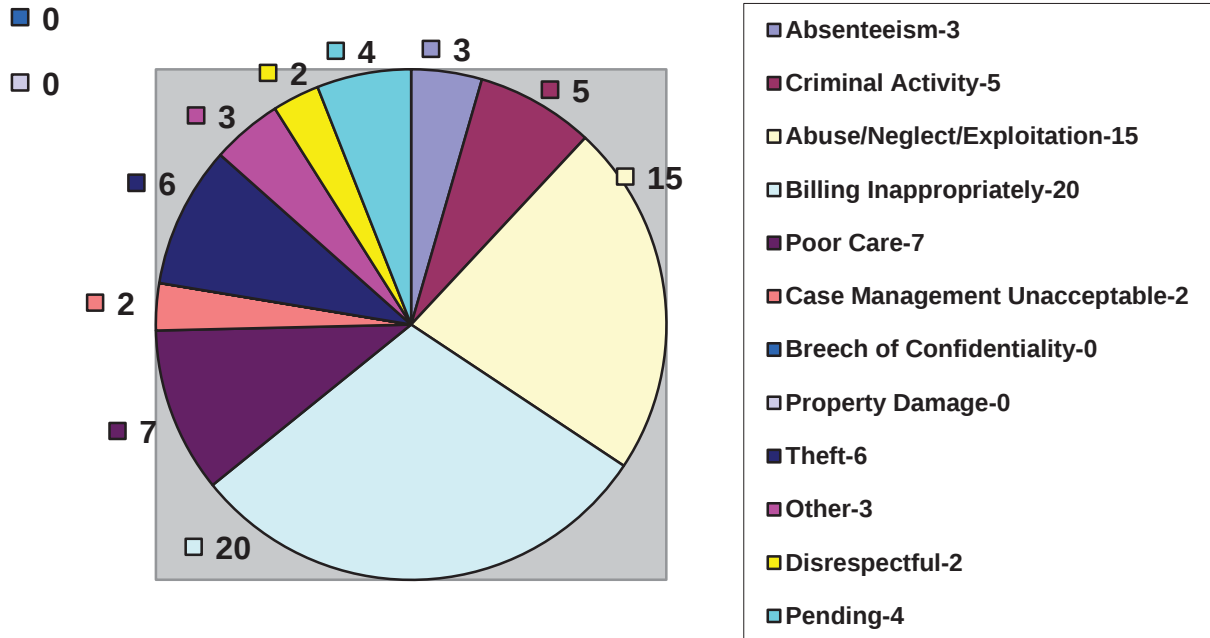
Resolutions



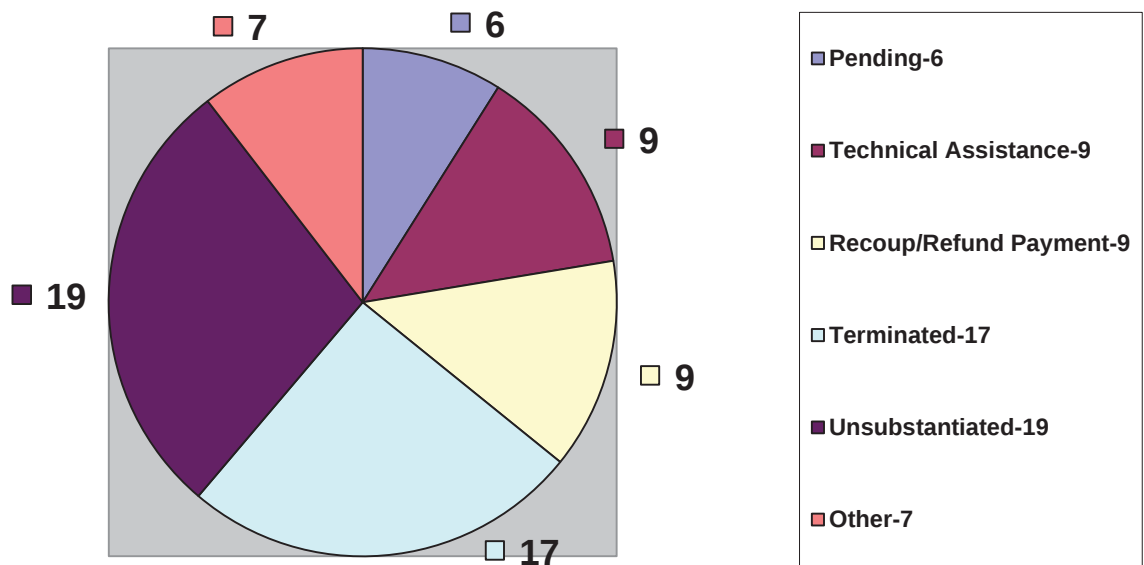
- No Action-3
- Technical Assistance-13
- Recoup/Refund Payment-5
- Terminated-9
- Unsubstantiated-10
- Other-7

2008

67 Complaints were reported

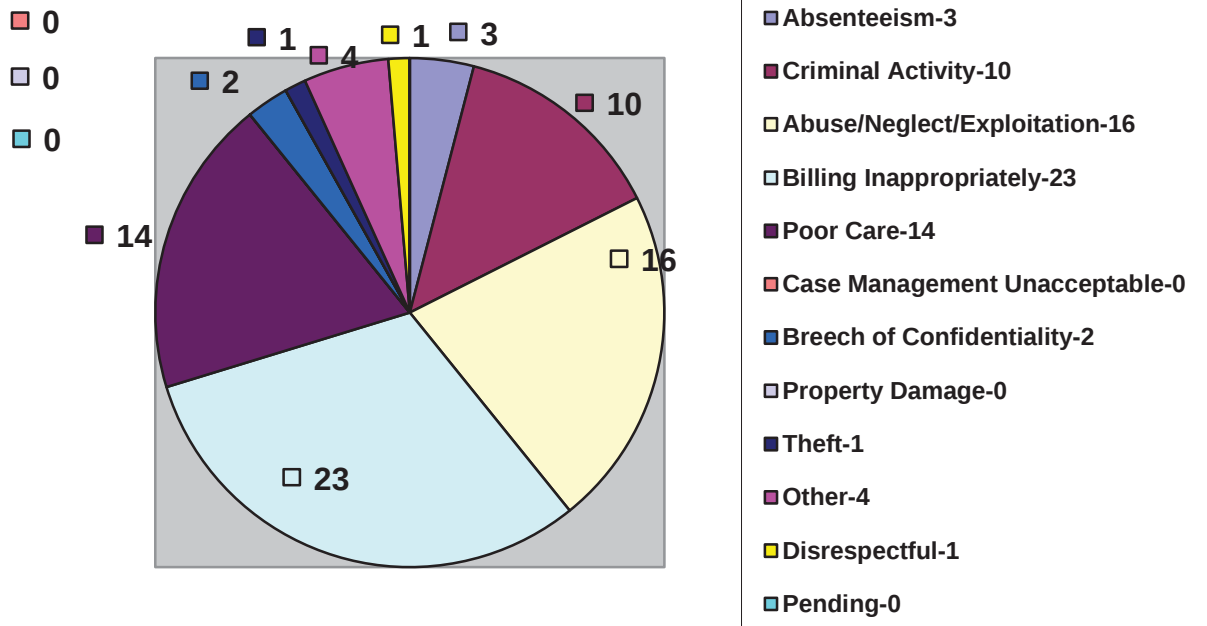


Resolutions

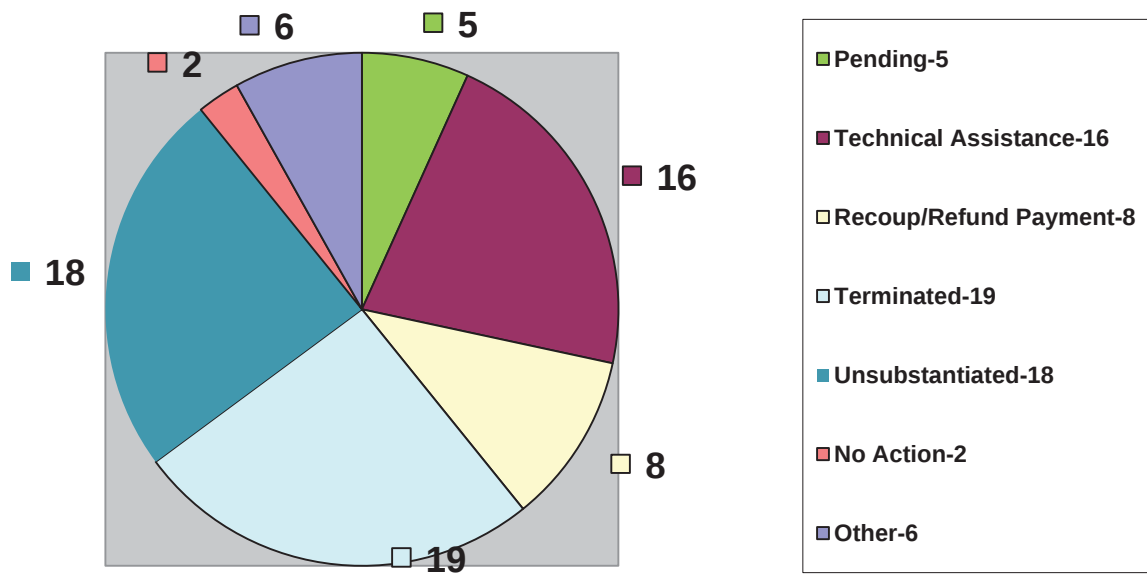


2009

74 Complaints were reported

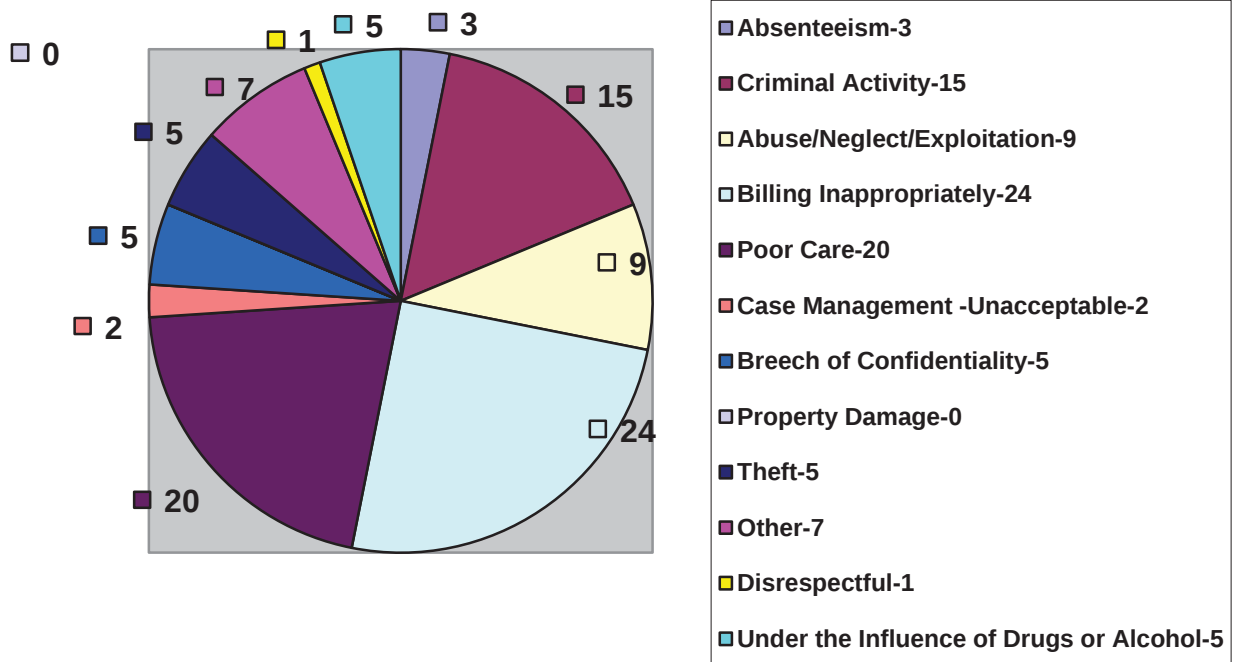


Resolutions

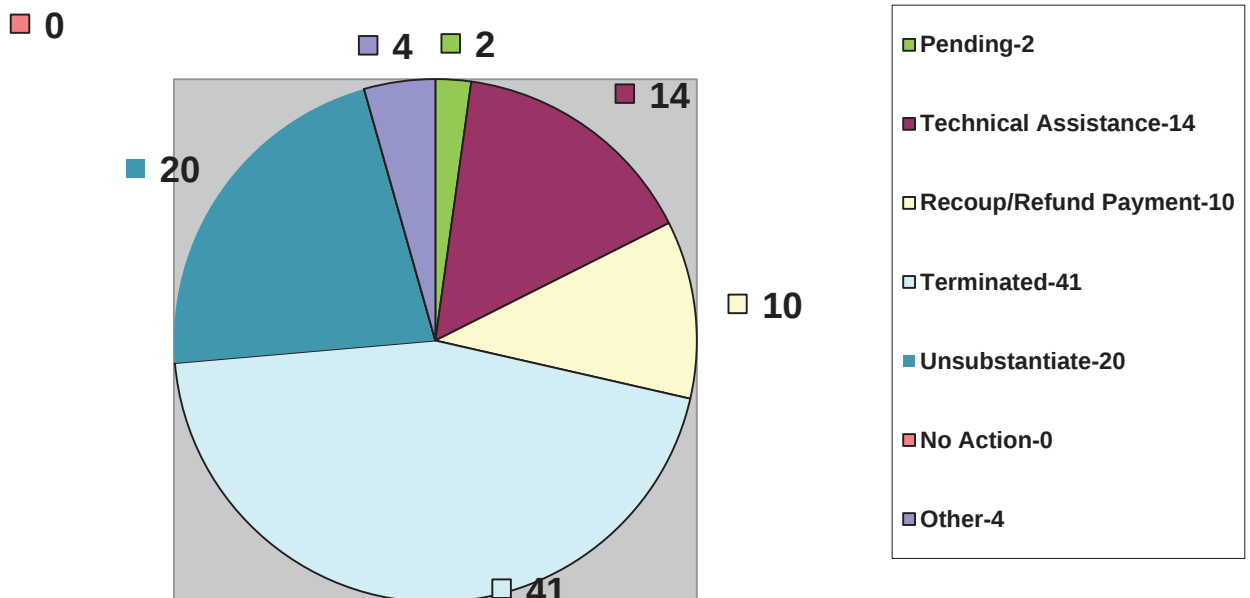


2010

91 Complaints were reported



Resolutions



Categories of Complaints:

Most complaints relate to concerns about inappropriate billing.

The pie chart system allows for each complaint to be added to only one category. However, each complaint is unique and generally multi-faceted. For example, a complaint that falls into the “Criminal Activity” category may also include aspects of absenteeism, billing without providing the service, and poor care.

The data is summarized at the end of the first quarter of every year and some complaints were not resolved at the time the data was aggregated and are listed as pending. The category of “Pending” may also include complaints that are waiting for court decisions and or more information to assist in the resolution process.

There were 87 complaints received in 2011.

The category of “Other” includes complaints that did not fall into any specific category, such as conflict of interest, providing services while under the influence, medications were not labeled or stored properly, or an individual that enrolled as both a client who was receiving a service and a QSP who was enrolled to provide services. (This individual no longer met the standard to be a QSP.) If the Department notes a pattern in the “Other” category of complaints, a specific category is developed for that issue. In 2010 the category of “Under the influence of Drugs or Alcohol” was added.

Summary:

A general increase in complaints has been noted, specifically in the area of criminal activity and poor care. The number of complaint reports for billing inappropriately and abuse/neglect/exploitation are also up.

During training and orientation programs, the HCBS staff has been emphasizing the requirement that county HCBS case managers report complaints. Increased awareness of the policy may also be a factor in the increased incident of reported complaints. The majority of complaints are submitted by HCBS case managers.

A provider may be terminated if the complaint is substantiated or if the QSP refuses to cooperate with the review process.

Improvement Plans

- North Dakota Administrative Code (Chapter 75-03-23) related to QSP enrollment, denial, and termination has been updated.
- Enrollment of Providers includes checking many Web sites including: District Court, FBI, Office of Inspector General, sex offender, Board of Nursing, and Health Department. The Department of Human Services maintains an internal database of previously terminated providers, and this database is also reviewed prior to enrolling a provider.
- County case managers have been educated, and the policy has been updated.
- Directions to QSPs have been simplified to the extent possible.
- QSPs are sent annual letters with information and recommendations.
- Specific HCBS staff is designated to enroll and assist providers with billing questions.

QSP Compliance with Record Keeping and Billing Regulations

When an individual is enrolled as a QSP, he or she must agree to keep accurate records for service provision and respond to compliance investigations.

The Department has an annual goal of completing detailed audits of about five percent of the enrolled QSPs. Completing detailed audits requires significant staff resources, and in order to maximize the resources and impact of the audits the HCBS team uses a selective approach to target potential providers for audit. The HCBS staff refers providers for a detailed audit based on irregular and unusual billing patterns, numerous billing errors, results of data probes to identify billing errors and fraudulent practices, and recommendations from HCBS case managers.

An audit may result in recoupment of funds, technical assistance, and in some cases termination of a provider.

QSP Audit Summary Chart

Year	Number of QSPs Audited	Number of QSPs with Errors	Number of QSPs Terminated
2007	85	74	17
2008	86	71	5
2009	85	66	17
2010	85	68	13

Appropriated Funding for QSP rate increases for the 2009-2011 and 2011-2013 Biennium's

The total appropriated funding for the 2009-2011 biennium for the QSP rate increases included the additional dollar per hour and the 6% and 6% inflation each year for a total of \$5,340,692.

The total appropriated funding for the 2011-2013 biennium for the QSP rate increases includes the 3% and 3% inflation for each year for a total of \$2,482,348.

This concludes my testimony. I would be happy to answer any questions you may have.