ND Legislative Management
Human Services Committee Interim Meeting
Tuesday, July 31, 2012
Comment by Chris Burd, PhD, RN – SRST Tribal HCBS Consultant
RE: Improvement of QSP System

Chairman Alon Wieland: This information is respectfully offered to describe common barriers to the effective use of the QSP system as it is currently organized. The goal of this comment is to ask the Human Services Committee to focus on improving the current QSP program so it can be effectively used in the future as a better option to assist the elderly and people with disabilities. Although not documented through a "scientific" method, the following barriers have been identified "anecdotally" over the past three years while coordinating QSP training at three Tribal locations, as well as consulting with members of the QSP Association of ND.

Many of the barriers seem relatively easy to resolve, however, there are a few that will probably require more "re-structuring" of the system. Due to the time limits in this forum, only *problems identified by QSPs* will be addressed in this document. Several of these barriers and problems have been recurrent in the "anecdotal" evidence. However, the identified barriers *facing clients* who need HCBS services are equally serious and also need to be remedied, and perhaps can be addressed in a future meeting.

Given the increasing number of elderly people in ND, it seems "worthwhile" to amend the QSP system. *The average cost of skilled nursing home care is estimated at $71,000 annually. Many of the elderly and people with disabilities could receive most* ***(or all)*** *of the services in their own homes for the kind of care that often necessitates nursing home placement. Under Medicaid, it is estimated that the cost of having a QSP in a person's home* ***every day of the week for 6 hours of "one-on-one" care could cost 50% less*** *than skilled nursing home costs.* And most importantly, most elderly people prefer to "age in place" and remain in their own homes as long as possible, connected to family, friends, pets, and familiar routines. Possible areas for improving the potential effectiveness and efficiency of the QSP program in ND are presented below:

BARRIERS	**POTENTIAL SOLUTIONS**
-Many clients are never offered the option of receiving HCBS -Extreme delays in getting QSP care into the homes -By the time a QSP has been assigned & begins to provide care can take weeks. In one case, a client who waited for weeks, died within	• *Systematic coordination & dialogue* about HCBS options with clients, families, physicians, hospital social workers, Tribal Health programs, Indian Health Service & County Social Services *prior to discharge* from acute care settings • Improved marketing of "Money Follows the Person" & recruitment of QSPs for training in rural communities • More QSP "agencies" needed to maintain a standard supply of available and well-trained caregivers "referral-ready" • Marketing of QSP as an "entry" into the health professions • Improvement in County Social Services offices

two days after her QSP was authorized to finally provide care. In this case, there was a willing & experienced QSP waiting to be assigned to her. In another recent case, a month has gone by for a woman who had a stroke, & has a young family at home. She has not yet received QSP services. A family member has lost work for over a month to take care of her, creating serious financial strain & serious emotional stress.	regarding the process for assigning QSPs *in a timely manner* • Improvements in knowledge of the County offices regarding the full range of options under Medicaid & State-funded programs for elderly & people with disabilities • Increased numbers of social work staff so HCBS referrals, QSP authorizations, and client care plans can be finished in a *timely* manner • When a disabled adult has young children in the home, social worker case managers need to assess the need for care for the children, as well as the person who is disabled and no longer able to care for them... and make the appropriate referrals for the children's care.
Lack of enforcement in providing *standardized training for QSPs* Lack of access to nursing consultation for very medically complicated clients who are left in the care of a QSP. The QSPs do not know who to ask about clients who have	• Value the significant responsibility that QSPs have for clients by giving them *at least minimal required "hands-on" training* • Utilize the TRAIN-ND program and *require* a standard number of QSP training hours, unless a QSP applicant already has a *current* Certification as a Nursing Assistant in ND • *Require* training in the QSP billing process and documentation requirements & return demonstration • *Require at least a minimum of 8 "hands-on" training hours through TRAIN-ND,* even for Family members who are QSPs • *Require CNA training for QSPs working in Agency*

medical needs that have changed over time, and the care plan is not sufficient to deliver safe care.	*settings to ensure competency in working with a range of clients and environments.* • *Require nursing assessment as indicated for complex clients.* • Provide sufficient funding to assure that standardized training is available to every QSP & that they pass the "hands-on" requirements as judged by a health professional
Lack of timely and "user-friendly" access to consultation on questions that *frequently come up with the application process with the billing process*	• Provide a special e-mail address for QSPs to contact the state HCBS office; have the special e-mail account checked daily & all requests answered within 2 days. Have sufficient staff assigned to taking phone calls related to QSPs' questions, rather than having the QSPs leave repeated messages and wait for call-backs, *in both the County & State offices* • When a QSP goes to the County office for assistance, require that the County worker phone the State Medicaid personnel while the QSP is in the County Office when questions are asked that the case manager does not know how to answer. The case manager needs to get back to the QSP quickly. • When there is an aberration in a billing form, a phone call from the State should be made to the QSP regarding the problem, *in addition to* using the mail. QSPs sometimes have their monthly paychecks withheld because of billing irregularities. In one known case, a person who was terminated for billing irregularities continues to deliver critically essential care around the clock for a severely disabled relative, leaving her with no financial resources.
Current QSP system invites fraud	• Require that the Case Managers communicate with each QSP more often in cases where the client has seriously complicated care requirements; increase the number of phone calls & home visits to clients to observe actual client condition; make referrals to

	other outreach programs to assess if care is delivered. There are a number of anecdotal reports indicating that clients do not get care, but will not report a family member who is their QSP.
Lack of respect in written and verbal communications, and in providing help for billing problems Lack of income means that a QSP cannot pay back money that the state says that they "owe" for incorrect billing. This creates a "catch-22", since they cannot be reinstated, but they cannot pay the money without work... so, they remain unemployed and unavailable to help their clients and to support their families. Also, some QSPs who may have made an "honest" mistake would benefit from having an immediate phone call and consultation. Case Managers have not	• QSPs could be treated more respectfully as valuable health care team members & colleagues by government personnel in the important work of providing care for vulnerable adults • When an appeal is necessary for a terminated QSP to be re-instated for their certification, the appeal date needs to be set within one month of their termination. One QSP has been waiting for months without salary, to have her case heard. Another QSP had difficulty obtaining other health care employment because she was questioned about being terminated as a QSP (and that particular case definitely seemed to need further investigation as to "culpability"). • When a mistake is made on a billing document, a phone call and e-mail *for a meeting needs to be made to the QSP*, as well as sending a letter. The paperwork for billing is very convoluted, and mistakes are often innocently made. It may be possible to correct an innocent billing error without threatening a person with audits and termination of their certification by a formal government letter. • QSPs need to be alerted to watch their mail for important information. The use of mail is not always reliable for some QSPs who live in rural areas and share mailboxes with other family members. This has been found to be a common problem, causing mail to not be received in a timely manner. • QSPs need to also be required to create a personal e-mail account that they check at least weekly for work-related notifications from the State and/or County. Text messages could also be very useful for people without a computer, but who have a cell

been found to be reliably helpful in guiding QSPs when mistakes need to be corrected and investigated.	phone. Text plans are inexpensive. • A QSP who owes money to "pay back" for a billing error should be allowed to have their wages garnished from future paychecks when they are re-instated as a result of their appeal. Otherwise, they will not be able to be re-instated, because they have no resources to make the "pay-back". They will remain unemployed.