

Report in Brief

Date: July 2019

Report No. A-04-18-00123

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



Why OIG Did This Review

The Kentucky Home and Community-Based Services Waiver program (the program) funds home and community-based services for people aged 65 and older and individuals with disabilities aged 21 to 64 who are eligible for medical assistance and require the level of care provided in a nursing home but choose to live in the community. Kentucky operates the program under a Federal waiver to its Medicaid State plan. The program funds adult day health care services for Medicaid beneficiaries who reside at home and attend adult day health care facilities (facilities). We have conducted health and safety reviews at various types of facilities nation-wide and wanted to determine whether vulnerable adults participating in this program were at risk.

The objective of this review was to determine whether Kentucky complied with Federal waiver and State requirements in overseeing facilities that serve vulnerable adults who receive services through the program.

How OIG Did This Review

Of the 93 facilities providing program services (providers) in Kentucky as of March 31, 2018, we selected 20 for review based on their geographic location and number of participants. To evaluate Kentucky's oversight of facilities, we conducted unannounced site visits at the 20 selected facilities from July 30 through August 10, 2018.

Kentucky Did Not Comply With Federal Waiver and State Requirements at 14 of 20 Adult Day Health Care Facilities Reviewed

What OIG Found

Kentucky did not fully comply with Federal waiver and State requirements in overseeing providers that serve vulnerable adults receiving adult day health care services through the program. Of the 20 providers that we reviewed, 12 did not comply with 1 or more health and safety requirements, and 10 did not comply with 1 or more administrative requirements. We found 63 instances of provider noncompliance, including 26 instances of noncompliance with health and safety requirements. The remaining 37 instances related to administrative requirements, some of which could significantly affect health and safety.

Kentucky did not fully comply with Federal waiver and State requirements because its annual inspections of facilities were insufficient to ensure a continuously safe and nonhazardous environment. Officials stated, however, that Kentucky improved monitoring in April 2018 by modifying its provider recertification process to include annually reviewing all providers and completing a certification tool during an announced site visit to each provider.

What OIG Recommends and Kentucky Comments

We recommend that Kentucky ensure that providers correct the 63 instances of provider noncompliance identified in this report; improve its oversight and monitoring of providers by considering unannounced site visits and by enhancing its certification tool as it pertains to reviewing participant records; and work with providers to improve their facilities, staffing, and training.

Kentucky concurred with our second and third recommendations but did not indicate concurrence or nonconcurrence with our first recommendation. However, it described corrective actions that it had taken or would take in response to all three recommendations. Kentucky concurred with the majority of our findings, but it disagreed with two identified instances of noncompliance involving providers whose staff did not receive attendant care certification training. Kentucky commented that these providers did not provide services in the home and thus were not required to complete this training. Kentucky also commented that it is revising regulations and supplementing policy manuals to clearly define facilities, staffing, and training requirements. After review and consideration of Kentucky's comments, we maintain that the two identified instances of noncompliance are errors because the current regulation specifies that all staff are required to complete attendant care certification training initially and annually thereafter. Therefore, our findings remain unchanged.