

## Report in Brief

Date: October 2017

Report No. A-05-16-00044

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



### Why OIG Did This Review

The Minnesota Elderly Waiver program (the program) funds home- and community-based services for people aged 65 and older who are eligible for medical assistance and require the level of care provided in a nursing home but choose to live in the community, such as at a licensed family adult foster care home (home). Minnesota operates the program under a Federal waiver to its Medicaid State plan. We have conducted health and safety reviews of Head Start grantees and of regulated childcare facilities and wanted to determine whether there may be similar health and safety risks for vulnerable adults living in homes.

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

### How OIG Did This Review

Of the 131 homes in Minnesota where vulnerable adults who receive services through the program resided for the quarter ended March 2016, we selected 20 homes for our review. We selected the homes on the basis of their geographic location and history of health and safety-related violations identified by the State. We conducted unannounced site visits from June 21 through August 18, 2016.

## Minnesota Did Not Comply With Federal Waiver and State Requirements for 18 of 20 Family Adult Foster Care Homes Reviewed

### What OIG Found

Minnesota did not comply with Federal waiver and State requirements in overseeing homes that serve vulnerable adults who receive services through the program. We determined that 18 of the 20 homes we reviewed did not comply with 1 or more State licensing requirements. Specifically, we found 64 instances of noncompliance related to health and safety and administrative requirements.

County licensor supervisors stated that instances of noncompliance occurred mainly because of low staffing levels and a lack of training opportunities for license holders (providers) and county licensors. Additionally, specific State licensing requirements on the necessity of safeguarding hazardous materials were unclear.

### What OIG Recommends and State Agency's Comments

We recommend that Minnesota ensure that the 64 instances of noncompliance with health and safety and administrative requirements identified in this report are corrected, work with counties to ensure the health and safety of vulnerable adults by considering staffing standards and caseload thresholds for county agencies, review training opportunities available to providers and county licensors and improve or increase them as needed, and ensure that Minnesota guidance accurately reflects administrative requirements related to hazardous materials.

Minnesota partially concurred with our first and second recommendations and concurred with our third and fourth recommendations. Minnesota also outlined its plans for corrective actions, which include updating State guidance and developing training materials and licensor training specific to home safety.

In response to Minnesota's comments, we maintain that all of our findings and the associated recommendations are valid and that in four of the six instances of noncompliance involving kitchen knives we reviewed, homes had at least one vulnerable adult residing who either had a history of physical aggression towards others or had a medical condition (i.e., dementia) that could pose a potential danger to self or others when kitchen knives are readily accessible.