

Recommendations to the Minnesota Legislature Regarding Special Projects to Improve Home Care in Minnesota

HOME CARE AND ASSISTED LIVING PROGRAM ADVISORY COUNCIL

January 16, 2018

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Introduction

The Home Care and Assisted Living Program Advisory Council is directed by statute to make annual recommendations to the Minnesota legislature for special projects to improve home care in Minnesota. The legislature may elect to make an appropriation to fund these projects from revenue collected from fines as outlined in Minnesota Statute 144A.474.

The Council met on several occasions to discuss areas of concern for consumers of home care, the challenges of home care providers and the current practices and challenges of the Home Care and Assisted Living Program (HCALP). The Council's expressed goals are to create an environment in which the Minnesota Department of Health (MDH) and home care providers are enabled to:

- 1) act preemptively to prevent harm, and
- 2) collaborate to assure positive outcomes for consumers of home care in all settings.

Statute References

144A.474 SURVEYS AND INVESTIGATIONS. Subd. 11. Fines.

(i) Fines collected under this subdivision shall be deposited in the state government special revenue fund and credited to an account separate from the revenue collected under section 144A.472. Subject to an appropriation by the legislature, the revenue from the fines collected must be used by the commissioner for special projects to improve home care in Minnesota as recommended by the advisory council established in section 144A.4799.

144A.4799 MDH LICENSED HOME CARE PROVIDER ADVISORY COUNCIL. Subd. 3 Duties.

(c) The advisory council shall annually review the balance of the account in the state government special revenue fund described in section 144A.474, subdivision 11, paragraph (i), and make annual recommendations by January 15 directly to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services regarding appropriations to the commissioner for the purposes in section 144A.474, subdivision 11, paragraph (i).

Revenue Collected from Home Care Fines

Fiscal Year	Penalty Assessments Collected
2014	\$ 41,665.00
2015	\$56,900.00
2016	\$144,200.00
2017	\$136,037.50
2018 (partial)	\$ 84,618.00
Total	\$463,420.50

Background Information

Currently, to obtain an initial temporary home care license the applicant(s) must complete an application, pay an application fee and pass a background study. The temporary license is effective for up to twelve months, during which time the department conducts an initial full survey to determine if the temporary licensee is operating within the requirements of the law.

Applicants for initial home care licensure often are unprepared for the challenges of running a home care business and operating in compliance with home care regulations. The lack of readiness is evidenced in the results of surveys conducted by the MDH. While some temporary licensees are successful, many are cited for multiple violations and some temporary licensees do not pass the survey and are denied licenses. This situation is highly concerning to the department and to the council.

The Council supports a pre-licensing program to help applicants better understand the requirements of holding a home care license in Minnesota, as a part of efforts to create more positive outcomes for consumers of home care.

Council Recommendations

Recommendation 1: Applicant Readiness

The Council recommends that the department re-introduce, with modifications, the pre-licensing program, previously in use, that will address the concerns the department sees with applicant readiness and knowledge of home care requirements. It is widely felt that the previous program had successes, however, the manner in which it was administered created questions as to whether it was a qualification program and thus not supported by statute. In its modified form, this program will:

- focus on educating prospective licensees on home care statutory requirements;
- provide feedback if there appear to be deficiencies in their knowledge of what operating a home care entity entails; and
- prepare the prospective licensee to be successful in the initial full survey of the temporary license, which determines if they receive a license.

The Council does not intend that this process be a disqualifier, but instead will give applicants information and resources about operating as home care providers and what is required of them under Minnesota law. The council discussed and recommends that the program be:

- available throughout the state and not require a physical presence in MDH St. Paul offices, although the Council believes the interactions need to be face-to-face, using appropriate technology if necessary to accomplish;
- directed toward the individuals involved in the day-to-day operations of the agency (as opposed to the corporate or senior management personnel who are not involved in direct care operations).

- mandatory for all license applicants. Although the readiness program will not be used to deny an applicant a temporary license, every applicant must complete all steps in the application process to receive a license.

Recommendation 2: Desk Audits for Level 1 and Level 2 Correction Orders

The Council recommends that MDH change the survey process to allow all level 1, and level 2 violations that do not raise any safety concerns, in provider surveys to be corrected by desk audit, reducing the amount of time spent by surveyors on administrative violations, thus freeing up more time for surveys. Rather than having surveyors return to the agency, follow-up surveys can be completed by fax or email. Because these types of violations are primarily administrative in nature, it would save surveyors time by having corrective actions communicated to them by the agency rather than physically sending the surveyor out to the site to confirm the correction.

The Council would also like to have these corrections documented in the survey results available to the public. Rather than indicating that response is not necessary, indicate that a response was completed and approved by MDH.

It is the belief of the Council that Recommendations 1 and 2 are largely revenue neutral as operating efficiencies are created within the recommendations, and existing staff will be administering the program, as was done in the past, therefore, costs associated with the recommended changes should be absorbed into the Department's regular operating budget.

Recommendation 3: Education Program for Existing Licensees

The Council recommends that the legislature appropriate funding to develop a training program for existing licensed home care providers that is directed at management and supervisory personnel who are involved in direct care or supervising those involved in direct care. It is intended that the primary audience for this training would be new personnel or individuals in new positions within an existing licensee's organization.

While there are a number of self-help tools for providers on the Department's website, no official training is offered. Opportunities for training programs might include workshops, e-learning tools and webinars. The Council believes that there is statutory authority to require providers participate in training, but if it is determined that there is not, the training could be voluntary.

Additional considerations for an education program include:

- The Department will issue a request for proposals (RFP) to outside agencies to develop the training. Two potential ideas are listed below for illustration purposes, but outside agencies are encouraged to be innovative and creative with their proposals and should not be limited to the below examples

HOME CARE AND ASSISTED LIVING PROGRAM ADVISORY COUNCIL
RECOMMENDATIONS TO THE MINNESOTA LEGISLATURE

- The training could be modeled after a recent joint training conducted by Licensing and Certification (at MDH) and the Centers for Medicare and Medicaid;
- Alternatively, a program like the Department of Human Services “Steps for Success” could serve as a model.
- The Council will be a part of the RFP development, proposal review and recommendation for approval process.
- Providers could be incentivized to participate in training through a credit or a reduction in their license renewal fee;
- The majority of the funding necessary for this recommendation would be in the development of the program, likely in the first year or two. Once the program is completed and in place, the necessary funding in subsequent years will drop as the program would only need to be administered and updated. The Council requests a Year 1 appropriation of up to \$200,000.00.

Recommendation 4: Home Care Career Path

Even though MDH has indicated that the workforce shortage is not part of their mandate, the Council believes that the workforce shortage has a direct effect on the availability and quality of care and therefore is an area in which MDH should actively participate. The Council believes that MDH should demonstrate leadership in attempts to encourage students to pursue home care as a vocation or career, including partnering with other entities that are already active in promoting such occupations. Suggestions for how to do this include:

- Promote and/or collaborate with existing scholarship programs to provide more opportunities for students interested in careers in home care.
- Collaborating with Minnesota State Colleges and Universities to allow high school students to obtain college credit for training and/or work in home care.
- Educating students and adults on the path to a career in home care through outreach and promotion.

Respectfully submitted on behalf of council by:



Jarrod Peterson

January 16, 2018

Date

HOME CARE AND ASSISTED LIVING PROGRAM ADVISORY COUNCIL
RECOMMENDATIONS TO THE MINNESOTA LEGISLATURE

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