

Home Care and Assisted Living Program Advisory Council

RECOMMENDATIONS TO THE MINNESOTA LEGISLATURE REGARDING SPECIAL PROJECTS TO IMPROVE HOME CARE IN MINNESOTA

January 15, 2019

To: Senator Michelle Benson

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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).

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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

Council Recommendations:

Background Information

The Home Care and Assisted Living Advisory Council was established to advise MDH on potential changes in statute and/or policy to improve the delivery of home care in Minnesota. It also is charged with making recommendations to the MN Legislature regarding potential allocation of funds collected in fines from the enforcement actions by MDH licensing surveys. In light of all the activity that is happening with regard to the topics of elder abuse and potential assisted living licensure, the Council is focusing its recommendations to align with the goals of helping providers improve the quality of care for clients and residents and to give consumers more tools to evaluate providers and make better, more informed decisions about the care they receive.

The Council believes that one of the critical, key factors that is negatively impacting the delivery of care in all settings is the shortage of labor in the home care space. Both providers and consumers are affected. The Council is steering its recommendations toward activities that will attempt to mitigate the impact of this shortage, which is only going to continue to be an issue affecting the industry. The Council's recommendations will encourage people to consider home care as a career, attempt to create efficiencies to minimize the effect of labor shortage, improve information available to consumers and help MDH be more efficient in surveying licensed providers.

Recommendation 1: 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. Examples might include missing signatures on service plans;

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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.

Recommendation 2: 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. However, given that MDH surveyors report that they have seen a distinct deficit of knowledge on the part of higher level personnel as well, the program should not be limited only to direct care supervisory staff.

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.
- 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 3: 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. The Council also believes that there is a lack of knowledge and information for nursing students as to the career opportunities in home care. Efforts need to be made to connect future nurses with the availability of great career opportunities in home care. 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 identified as non-traditional workers on the path to a career in home care through outreach and promotion.
- Collaborate with nursing schools to promote home care as an excellent career opportunity.
- Encourage/promote home care as a clinical opportunity in nursing programs.
- Have home care recipients share their stories to demonstrate the value of a career in home care.
- Implement Summer Health Care Intern internship program as described in MN Statute 144.1464.

Recommendation 4: Training and Administrative Portability

Onboarding a new employee can take considerable time and expense. In the current workforce shortage, employees are often moving from job to job and at each new job, they are required to complete required training and administrative items such as background checks, fingerprinting, and TB testing. Portability of training and administrative items would allow employees to change jobs and work additional jobs without having to go through a long onboarding process that is a repeat of one they have already completed, often very recently. In some instances, the costs of these items are borne by the employee. Whether or not the costs are paid by the employer, the employee has to spend the time completing the tasks and in the event of the two-step TB test process, the employee has to make up to four trips to the testing facility and if the employee does not complete any part of the testing within the time frames required, the process must start over, further delaying the onboarding and costing the employer more. TB testing and background checks/fingerprinting are universal and do not require additional considerations. Through NetStudy 2.0, the employee is already in the system, it would just be a

matter of adding them to the new employer. Training, in order to be portable, must be standardized.

The first part of the Council's recommendation is to allow portability of TB testing, NetStudy 2.0 including fingerprinting, and training. The second part of the recommendation is to establish a standardized training program ensuring continuity across organizations.

The Council recommends that MDH issue a request for proposals (RFP) for training organizations to create a standardized training program that a provider can choose to use and if so, that training becomes portable to the employee. The following parameters are recommended.

- The provider must purchase the training program from the chosen vendor, but participation is completely voluntary. The provider can continue to train as before, but their training will not be portable.
- Individual company policies and procedures are not part of this training. The provider must still do these on their own. Personal Care skills and nurse delegated tasks will still need to be trained/demonstrated as before.

The Council would also recommend that during the provider's survey, if the provider has chosen to use the approved training, the surveyor would be able to verify that the training had been done and would not need to evaluate the content of the training, thus making the survey process move faster.

Recommendation 5: Improve Communication to the Consumer

Consumers have indicated that it is not easy to find a provider from using the MDH site. There is only a listing of available providers and survey results. Assuming they find a provider, they don't know what services they are able to provide, especially if they have needs that are very specific and/or complex. Rather than trying to redo the MDH website, there are some slight changes that could be made to make finding an appropriate provider easier for the consumer. Consumer don't always understand what is available and what the terminology commonly used by MDH and providers means to them. In order to make this process easier for the consumer, the Council recommends the following:

- Define on the MDH website the different levels of available care, i.e. Basic Home Care and Comprehensive Home Care and the general services they offer. The type of services that are offered are included in the FAQ's, but unless consumers know what questions to ask, they may have trouble finding the answers.
- Link to [MinnesotaHelp.info \(www.mnhelp.info\)](http://MinnesotaHelp.info) where the consumer can find providers that offer the services they seek.

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- Link back to MDH’s site so that they can see survey results and other information on their chosen provider(s).

Recommendation 6: Standardized Forms

The Council recommends that MDH create standardized forms that would be optional for providers to use. If the providers choose to use these forms, then they can be assured that if they are filled out completely, they should be in compliance. Providers using these forms will also allow the surveyor to work through the survey faster as they will not need to evaluate the forms for required items, only for completion. Examples of forms could include:

- Service Plan
- Disclosures
- Reassessment forms
- Abuse Prevention Evaluations and Plans

Recommendation 7: Review of Most Cited Items in Surveys

The Council has observed over time that the same items seem routinely to be the top cited items. The Council believes that when the same items are continually cited, the problem may lie with how the statute governing that item is written, and/or how it is being interpreted. The Council recommends that the Department and the Council collaboratively examine the most cited items and determine if there is something that can be changed administratively, which can be done relatively quickly, or if statutory change is needed, which would take higher level action. This process should take place as a part of the review of most cited items that is reported at each Council meeting. If it is determined that action can be taken, it can be determined how that should take place.

Recommendation 8: Grant Money for Improvement Projects

The Council believes that an organization that wants to improve its processes in order to correct systemic deficiencies may benefit from some financial help in doing so. The Council would recommend that a portion of the funds collected from enforcement actions be used to create a grant program to allow providers to apply for a grant to fund an improvement program that addresses the area of deficiency.

Statutory Authority

The Council believes that statutory authority exists to allow each one of the above recommendations to be considered. The Council has included the listing of its duties under statute **144A.4799** below for reference.

Subd. 3.Duties.

(a) At the commissioner's request, the advisory council shall provide advice regarding regulations of Department of Health licensed home care providers in this chapter, including advice on the following:

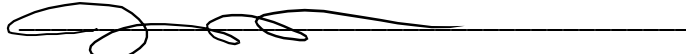
- (1) community standards for home care practices;
- (2) enforcement of licensing standards and whether certain disciplinary actions are appropriate;
- (3) ways of distributing information to licensees and consumers of home care;
- (4) training standards;
- (5) identifying emerging issues and opportunities in the home care field, including the use of technology in home and telehealth capabilities;
- (6) allowable home care licensing modifications and exemptions, including a method for an integrated license with an existing license for rural licensed nursing homes to provide limited home care services in an adjacent independent living apartment building owned by the licensed nursing home; and
- (7) recommendations for studies using the data in section [62U.04, subdivision 4](#), including but not limited to studies concerning costs related to dementia and chronic disease among an elderly population over 60 and additional long-term care costs, as described in section [62U.10, subdivision 6](#).

(b) The advisory council shall perform other duties as directed by the commissioner.

(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).

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Respectfully submitted on behalf of council by:



Jarrod Peterson

January 15, 2019

Date

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