



COMMISSIONER  
James R. Hine

April 29, 2005

To: Community Care for the Aged and Disabled (CCAD)  
Primary Home Care (PHC) Program Providers

Subject: Department of Aging and Disability Services (DADS)  
Provider Services  
Information Letter No. 05-16  
Informal Monitoring Review Results for Primary Home Care Program Providers

During the month of December 2004, regional contract staff conducted informal reviews to test the revised Primary Home Care (PHC) Program monitoring forms. Based on the results, the following changes have been made to Form 3858, Contract Compliance Monitoring Guide:

- Deleted Standard 2.e. regarding attendant orientation under Service Initiation.
- Included a statement to Standards 5, 6, and 7 of when to mark these items as "Not Applicable".
- For Standard 5. c. included a statement that if both item b. and c. are marked "No", Standard 5 is not met.
- Included a statement in Standard 7.c.2., "If all items A.-E. are marked "Yes", mark the overall standard appropriately. If any items A.-E. are marked "No", Standard 7 is not met."

The following changes have been made to Form 3858 Instructions:

- Standard 2. e., deleted the instructions regarding attendant orientation.
- Standard 3, item a., deleted the statement, "An RN must supervise the consumer if the license category is Licensed Home Health."
- Standard 4, item a., added the statement, "If the attendant does not meet the criteria for an orientation to be done by telephone or in the provider agency office, this standard is not met.
- Standard 4, Monitoring Protocol, added the statement, "Read for both initial and ongoing clients that had..."
- Standard 5, item b., added the statement, "For any service plan changes, ...."
- Standard 6, added the statement, "Apply Standard 6 to all CA cases in the review sample for any cases for which the provider agency received an annual reauthorization from the case manager. Review all cases in which the 14<sup>th</sup> day from the referral date (Item 1, Form 2101, Authorization for Community Care Services), or the 14<sup>th</sup> day from the agency receipt date falls in the review period. Review only one month before the review period.

No changes were made to Form 3059, Primary Home Care Program Fiscal Monitoring Guide.

The following change was made to Form 3059 Instructions:

- Added the following statement to Item E., "Only complete items 1.-7., Explanation of Financial Errors, as applicable, for any units found in error."

The above changes will not impact the application of standards, therefore, contract staff will continue to proceed with conducting formal monitoring reviews. State office staff will provide ongoing quality control of monitoring to the Department of Aging and Disability Services (DADS) contract staff as needed.

Twelve informal reviews were conducted in December 2004. The overall percentages ranged from 43%-100%. The following will provide a summary of the errors found during the informal review:

**Compliance Review Errors:**

1. Standard 1 – Pre-Initiation Activities
  - There was no documentation that pre-initiation activities were completed. Two errors noted.
  - The service plan did not indicate the location of service delivery. Five errors noted.
  - There was no statement that PHC only provides tasks allowable in the program as outlined in §47.41. Six errors noted.
  - The provider agency did not obtain a practitioner's statement, which included certification that the agency verified the practitioner's status regarding exclusion from participating in Medicare/Medicaid. Two errors noted.
  - Untimely completion of pre-initiation activities. Four errors noted.
  - The provider agency failed to document ongoing efforts to complete the pre-initiation activities timely. One error noted.
2. Standard 2 – Service Initiation
  - Services for PHC or Community Attendant (CA) services were not initiated timely and there was no documentation of the delay. Two errors noted.
  - There was no documentation that the provider agency sent written notice of service initiation date to the case manager. Three errors noted.
  - There was no documentation that the provider agency sent the practitioner's statement date to the case manager for PHC. Two errors noted.
  - The supervisor did not orient the attendant on or before the time the attendant began to provide services. Two errors noted.
  - The attendant orientation documentation did not include the number of hours the attendant was to provide. One error noted.
  - For retroactive cases, the practitioner's statement obtained did not include certification that the agency verified the practitioner's status regarding exclusion from participating in Medicare/Medicaid. Four errors noted.
  - For retroactive cases, there was no verification or documentation that the person was not receiving services from another provider agency. Four errors noted.
3. Standard 3 – Supervisory Visits
  - Supervisory visits were not performed within the schedule determined by the supervisor. Twenty-three errors noted.
  - Supervisory visit documentation did not indicate whether the service plan was adequate. One error noted.

- Supervisory visit documentation did not indicate if the consumer continues to need services. One error noted.
  - Supervisory visit documentation did not indicate whether the consumer needed a service plan change. One error noted.
  - Supervisory visit documentation did not indicate whether the attendant continues to be competent to provide authorized tasks. Twelve errors noted.
4. Standard 4 – Attendant Orientation
    - The supervisor did not orient the attendant on or before the time the attendant began to provide services. Four errors noted.
    - There was no documentation of attendant orientation. Ten errors noted.
    - Attendant orientation documentation did not indicate if the orientation was done by telephone or in person. Five errors noted.
  5. Standard 5 – Service Plan Changes
    - There was no documentation that the provider agency sent notification to the case manager of learning of a change. Two errors noted.
  6. Standard 6 – Annual Reauthorization
    - Provider agency did not send a signed statement indicating whether the supervisor agrees or disagrees with the tasks and hours to the regional nurse. Four errors noted.
  7. Standard 7 – Service Interruptions
    - Services were not provided according to the service plan. Three errors noted.
    - There was no documentation of the reason for the service interruption. Two errors noted.
  8. Standard 8 – Complaints
    - Provider agency did not maintain a complaint log. One agency in error.
    - There was no date of when the investigation was resolved to determine timeliness. One agency in error.
    - Notification of complaint procedures was not provided within 12 months of previous notification. One agency in error.

Based on comments received, agencies are continuing to use Form 3040, Attendant Orientation/RN Supervisory Visit, and 3050-A, Client Health Assessment/Proposed Service Plan, which do not address all required documentation elements. This is causing those agencies to be out of compliance with certain standards. Please be advised that these forms are no longer available on the DADS website. Agencies can use any documentation as long as it addresses all required elements found in the Texas Administrative Codes rules.

**Financial Review Errors:**

Explanation of financial errors standard, Item 3, the department reimburses the provider agency for hours that exceeded the total number of hours recorded on the service delivery documentation. Three errors noted.

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The review period for formal monitoring reviews conducted in January and February, 2005 are as follows:

<u>Review Conducted</u>	<u>Fiscal Review Month</u>	<u>Compliance Review Period</u>
January 2005	November 2004	November 2004
February 2005	November 2004	November and December 2004

Contract staff will resume review of full review periods for all formal monitoring reviews conducted after February 28, 2005.

A computer based training (CBT) for the revised monitoring forms and the Primary Home Care Program rules continue to be available for provider agencies to access at any time at the following website address:

<http://www.dads.state.tx.us/business/CBT/index.html>

Please contact your contract manager if you have any questions regarding this information.

Sincerely,

*Signature on file*

Barry C. Waller  
Assistant Commissioner  
Provider Services  
BCW:rw

Attachments 4 –

1. [Form 3059](#)
2. [Form 3059 Instructions](#)
3. [Form 3858](#)
4. [Form 3858 Instructions](#)