

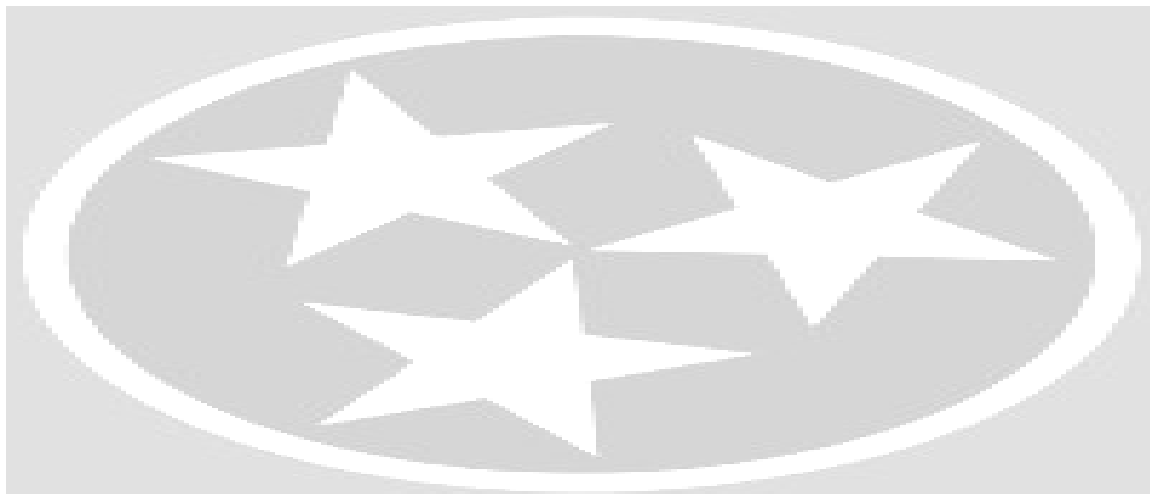
Tennessee Commission on Aging & Disability
Serving Tennesseans Since 1963

CASE MANAGEMENT AGENCY REVIEW

FOR

Meritan, Inc.

5726 Marlin Road, Suite 410
Franklin Building
Chattanooga, Tennessee 37411



Tennessee Commission on Aging and Disability
Statewide Home and Community Based Services Waiver
Quality Assurance Unit

INTRODUCTION

Meritan, Inc. is one of eight Case Management agencies (CMAs) serving Statewide Home and Community Based Services Waiver enrollees within the Tennessee planning and service area covered by the Southeast Tennessee Development District. Meritan, Inc. offers case management services in Bledsoe, Bradley, Grundy, Hamilton, Marion, Meigs, Monroe, Polk, Rhea, and Sequatchie counties, plus the area of Shelby County covered by the Aging Commission of the Mid-South. Offices are located in Memphis and Chattanooga. At the date of the on-site review in Chattanooga, one hundred fifteen (115) Waiver enrollees had active status in the Southeast area.

A Tennessee Secretary of State, Business Information Search verified that Meritan, Inc. is identified in their records as an active corporation in the State of Tennessee, as of May 6, 1961. Meritan, Inc. (formerly Senior Services) is a private, not-for-profit health agency with operations in Tennessee, Georgia, Arkansas, and Mississippi. In addition to case management, the agency offers foster care, in-home services, employment, senior centers, advocacy, and information and referral. The Chattanooga office provides HCBS case management services; they also have a Federal contract to provide senior employment services.

The Annual on-site Assessment and Review of Meritan, Inc. was conducted on May 6, 2009 by Susan Millard and Darla Bennings, Aging Program Coordinators with the Tennessee Commission on Aging and Disability (TCAD). The purpose of the review was to:

- determine if quality case management services are being provided to enrollees;
- determine if the agency's records and services provided are supported by appropriate documentation; and
- verify that the agency is in compliance with applicable statutes, regulations and policies.

Meritan, Inc. became an approved case management resource under the Statewide Home and Community Based Services Waiver on November 13, 2006. An on-site review of the Meritan, Inc. office in Memphis was conducted from September 15 to 17, 2008 by Susan Millard and Kennetra Golden. Findings included not having an Annual Report and Audit, not completing pre-employment reference checks, having excessively high case manager caseloads, not having photo identification badges, and inadequate documentation.

The specific areas of review for the current annual assessment were: Administration, Personnel, Program, and Quality Assurance. Three monitoring tools were used during the review process.

- The Home and Community Based Services (HCBS) Checklist for Enrollee Waiver File
- HCBS Waiver Provider Employee Qualification/Verification Tool Sheet.
- The Statewide HCBS Waiver-Case Management- Assessment and Documentation Review form.

This review was conducted under the authority of the February 2004 *TennCare Statewide Home & Community Based Services Waiver for Elderly and Disabled Provider Manual*, the Bureau of TennCare provider agreement(s) in effect with the agency, and the Rulemaking Hearing Rules of Tennessee Department of Finance and Administration Bureau of TennCare Chapters 1200-13-1 and 1200-13-1-.21.

ADMINISTRATION

Administrative procedures are contractually identified and include but are not limited to:

1. Business viability (generally including the following areas: debarment or suspension from federal transactions, terminations of public transactions, filing or history of bankruptcy, exclusion from Medicare or Medicaid participation);
2. Federal funding use (generally including the following: lobbying and debarment of state employees from participating as provider),
3. Administrative reporting (generally including the following: TennCare annual report and independent audit);
4. Waiver provisions (generally including the following: service restricted to CM, appropriate policy and procedure, appropriate marketing materials, and methodology to assure quality service);
5. Record management (generally including the following: records available for inspection, retention criteria, procedure to release enrollee records, and provision for records after discontinuing as a waiver provider);
6. Title VI; and
7. HIPAA provisions.

Observations:

1. A breakdown of the case managers and their caseloads was provided.
2. Waiver enrollee records are stored inside a secured office area with restricted access. This meets HIPAA requirements for confidentiality. Records were made available to the examiners.
3. There is evidence of compliance with all applicable laws and regulations, and general liability insurance exceeding \$500,000.

4. The policy and procedures manual covers required non-discrimination information and Title VI posters were visible in the copy machine area. No discrimination complaints have been reported in the past year.
5. No subcontracts were reported.
6. A current independent audit report for the year ending June 30, 3008 was provided. Note J – Concentration of Credit Risk stated, “A material part of Meritan’s resources are dependent on federal and state grants and contracts. Changes in federal and state funding levels could have a significant impact on the Agency’s ability to provide its services.” No other items of concern were noted.
7. Inquiry into the HHS-OIG Fraud Prevention & Detection OIG LEIE database verified that neither the company nor the owner have been barred from doing business with Medicare due to past fraudulent activity.
8. Meritan, Inc. has not paid for lobbying nor do they hire Tennessee state employees as staff.
9. The agency has a policy and a process to collect patient liability.

PERSONNEL

The Personnel section of the review consisted of evaluation of the policy and procedures; as well as, review of all personnel records for the current case management staff which consists of a Lead Case Manager with a background in social services and two RN Case Managers. Jason Harr, Director of the office has a background in Nursing Home Administration.

Personnel files were reviewed for the following:

Name	Job Title
Lynda Applewhite, RN	RN Case Manager
Shawn Winton, MS in Criminal Justice	Lead Case Manager
Sherrill Whittle, RN	RN Case Manager

Personnel records were reviewed for documentation of current professional licenses, criminal history, reference and background checks, appropriate education and experience, sexual offender registry and abuse registry checks.

Observations:

1. At the time of the on-site visit, the personnel files lacked dates of hire and out of state probation and parole supervision registry checks. In one file,

- the abuse registry check was missing and two lacked the felony offender registry checks. One file did not contain proof of the professional license and one file did not have verification of employment reference checks. However, all required information was provided by 5/8/09.
2. Job descriptions were in the policy and procedures manual.
 3. Employee files were secured in a location with access limited to appropriate personnel.
 4. All case managers met educational and licensure requirements.
 5. Caseloads are 43, 38, and 34.

PROGRAM

Adherence to program guidelines was assessed through reviews of the policy and procedures manual and enrollee case files. A random sample of fifteen (15) active enrollee files was reviewed.

Observations:

1. Enrollee files were well organized and easy to read.
2. Approved Pre-Admission Evaluations (PAE) were on file for each enrollee.
3. Physician's Orders were updated every 90 days in all files reviewed.
4. The files documented enrollee choice both in selecting the waiver program instead of institutionalization and selection of specific service providers. Freedom of Choice forms and Provider Selection forms were present in all files.
5. Authorizations for Release of Information forms were present in all files.
6. Signed and dated copies of Enrollee's Rights and Responsibilities were present in all but one file.
7. Acknowledgement of receipt of an Enrollee Handbook was present in all but one file.
8. Safety Plans and Home Environment evaluations were on file for all fifteen (15) active enrollees for their current place of residence.

Finding:

Documentation does not support adequate case management service provision:

- All enrollee files did not contain current Medicaid eligibility and verification of DHS recertifications.
- All enrollee files did not contain current History and Physicals.
- Documentation should be more specific with documented time in the home; as in, times in and out.

QUALITY ASSURANCE

Adherence to quality assurance guidelines was assessed through reviews of the policy and procedures manual, monthly management meeting books, and per staff interview.

Observations:

1. The agency has a monthly meeting to discuss the status of the enrollees. At this time, complaints and incidents that occurred during the month are reviewed. A notebook is maintained to record these monthly meetings, incidents, and complaints.
2. Incident reports are monitored, recorded and submitted to the ALA in compliance with the HCBS policy.
3. Annual satisfaction surveys were completed in March.

Findings Summary

ADMINISTRATION

No findings at this time.

PERSONNEL

No findings at this time.

PROGRAM

Documentation does not support adequate case management service provision:

- Enrollee files should contain current Medicaid eligibility and verification of DHS recertifications.
- Enrollee files should contain current History and Physicals.
- Documentation should be more specific with documented time in the home; as in, times in and out.

Provider Manual Chapter 7 A. (2) states, “*The Case Manager will provide the enrollee comprehensive in-home assessments, ongoing case management services, accurate and timely required program documentation, and coordination of Medicaid-covered services and community resources.*” In addition, Provider Agreement A.4 states, “*Maintenance of records and reporting requirements shall be adequate to ensure acceptable and appropriate quality and continuity of care to clients in accordance with the Plan of Care.*”

QUALITY ASSURANCE

No findings at this time.

Corrective Action

This is a **Final Report**. The agency does not concur with the Findings.

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If you have any questions, please call 615-741-2056 x113. Thank you for your cooperation and your participation as a Statewide Home and Community Based Services Waiver provider.