

# REPORT HIGHLIGHTS



## COMMUNITY-CENTERED BOARDS PERFORMANCE AUDIT, NOVEMBER 2018

**KEY CONCERN:** The 20 Community-Centered Boards (CCBs) and the Department of Health Care Policy and Financing (Department) have not ensured case management services provided to people in programs for individuals with intellectual and developmental disabilities, or billing and payments for those services, consistently meet federal and state requirements.

### KEY FINDINGS

- The Department has not managed funds for the State Supported Living Services (SLS) program to ensure they are used in the program and to reduce program waitlists. Between Fiscal Years 2015 and 2017, the Department required 13 CCBs with waitlists (totaling 130 to 206 individuals) to revert over \$2.5 million (14 percent) of program funds.
- 19 of the 20 CCBs did not provide case management for the State SLS program in line with state requirements. They did not develop Individualized Service Plans, monitor service provision, and/or document case management activities for some program recipients we sampled. We found instances of the sampled recipients not receiving the services they needed, putting their health, safety, and ability to remain independent, at risk.
- For the three federal programs we reviewed, we estimate that CCBs did not conduct between 5,200 and 6,600 (11 to 15 percent) of required in-person monitoring visits with recipients during Fiscal Year 2017. When case managers do not regularly monitor, they have less assurance that recipients' service needs are being met, and failure to monitor at the required frequency could ultimately jeopardize the State's federal Medicaid funding.
- The Department paid a total of \$791,916 in claims that did not meet requirements, including claims (1) from CCBs for case management services not supported by log notes; (2) from CCBs that exceeded annual caps for case management; and (3) from direct service providers that lacked required prior authorization, resulting in known questioned costs for federal programs. Paying claims that do not adhere to requirements inflates the costs of the programs and creates a risk of the State paying for services that were not provided.
- 12 CCBs billed, and the Department paid, a total of \$150,730 for 202 occasions on which the billing implies that a case manager provided 24 hours or more of case management in 1 day. State and federal guidance indicate that the State should only pay for the amount of time a case manager can reasonably provide services.

### BACKGROUND

- 20 nonprofit entities serve as CCBs under contract with the Department to administer state and federal programs for persons with intellectual and developmental disabilities.
- A primary responsibility of the CCBs is to provide case management to program recipients. In Fiscal Year 2017, CCBs served 12,456 recipients under the three federal Medicaid waiver programs audited and 782 recipients under the State SLS program.
- 19 of the 20 CCBs also provide direct services, although the Department is in the process of ensuring that these services do not present a conflict with the case management provided for these individuals.
- The audit reviewed activities of all 20 CCBs and the Department during Fiscal Year 2017.

### KEY RECOMMENDATIONS

- The CCBs should improve case management for the State SLS program by establishing policies and procedures, and conducting supervisory review. For the federal programs, CCBs should ensure that case managers conduct required face-to-face monitoring visits, and implement procedures to prevent erroneous claims being submitted for payment and controls to ensure billing for case management time is reasonable and does not exceed total time worked.
- The Department should improve the State SLS program by implementing a funding allocation methodology based on data on recipients and waitlists. For the federal programs, the Department should implement billing guidance and controls to ensure claims are supported, including making improvements to the database systems and reports the CCBs use to verify claims accuracy. The Department should also establish written guidance and controls for CCBs on case management time to ensure that payments to CCBs is for time worked.