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# State fails to protect frail residents from potential harm, audit finds

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More than 15,000 Oregonians are cared for at home through a state and federally funded program, which was just audited for the first time. (Tribune News Service)

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The Oregonian/OregonLive

A state-funded program that aims to help elderly low-income people and those with disabilities get care to stay in their homes

has failed to fully protect them from potential harm, an audit by the Secretary of State's Office said Tuesday.

[The report](#) said the Oregon Department of Human Services should take "immediate action" to improve oversight to guarantee "the safety and well-being" of those using the consumer-employed provider program.

The multi-million dollar program pays workers, often relatives, to provide home health care.

Nearly 15,500 people use the program. Yet the state department has failed to ensure they're getting the help they need, the audit said.

The report found:

- Overburdened case workers aren't always contacting consumers and monitoring services to ensure they're getting appropriate care.
- Home care workers aren't properly trained.
- The Department of Human Services data collection makes it difficult for state managers to track abuse in the program.
- Problems with the program could be hurting patients.

Ashley Carson Cottingham, who directs the state's programs for aging and people with disabilities, disagreed with the overall thrust of the audit.

"People are receiving the long-term services and support that they need in this program," Carson Cottingham said. "We do have times where we make mistakes and we always have room to improve but this is the right program for Oregonians."

She said the program is headed in the right direction: "We know that people do not want to receive their long-term care in an institution or nursing home setting for the most part. They want to remain in their own home."

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The program, started in 1981, allows patients to hire a home worker to help them with daily needs, covering everything from eating and dressing to cleaning and medication management. To qualify, they must be at least 65 or have a physical disability, be eligible for Medicaid by earning no more than \$2,205 per month for single applicants, need daily assistance and be able to act as their own employer.

The base pay for the caregivers is \$14.50 per hour. In many long-term care centers, caregivers earn about \$10 an hour.

The program accounted for the majority of more than \$1 billion in funding for in-home care in Oregon from July 1, 2015, to June 30, 2017. About three-quarters of that came from the federal government.

The program requires caregivers to be at least 18 years old, pass a background check, attend an orientation and enroll as a Medicaid provider. Their skills aren't assessed, however. They can increase their pay if they undergo an assessment and take several courses.

The program is part of Oregon's emphasis on aging in place.

This is the first time the Audits Division has examined the program, said Sheronne Blasi, Oregon's audit manager.

The months-long review included interviews with more than 70 interviews with case managers, policy analysts and others involved in the program and a review of just over 140 case files.

One of the biggest problems, Blasi said, is that state case workers are overloaded.

The audit said an "excessive" number of duties has shifted their focus away from support and monitoring. Besides assessing patients and monitoring care, some case managers are also strapped with the time-consuming task of determining eligibility for medical insurance coverage and food stamps.

The report said the inattention by case managers puts patients at risk for fraud, abuse or neglect.

The state disputes that.

"Nothing that we saw in the audit indicated that people that choose this in-home option are less safe than people who choose their long-term care in other setting types," Carson Cottingham said.

The problem, the audit indicates, is that state managers have no idea how many cases of abuse exist in the program because of the way the department stores data.

"We don't know," Blasi said. "That's the risk."

The state is updating its computer system but that work won't be done for about a year.

Auditors said in two-thirds of the cases it reviewed that social workers didn't visit the home and didn't conduct all of the contacts required in a third of the cases.

Carson Cottingham agreed that case workers are overloaded.

The department said it intends to reduce workloads and increase training. But she said the audit's finding on monitoring was skewed because auditors only looked at a fraction of cases.

"That was not statistically valid sample size," Carson Cottingham said.

She said the department's own review showed that it was more than 90 percent compliant with federal regulations.

The audit listed 11 recommendations. They include stepped-up training for case managers, new procedures to ensure that consumers get help when they can no longer act as their own employer and identifying patients at the highest risk for fraud, neglect or abuse.

The Department of Human Services agreed with all but one, saying that in many cases it is already taking or planning action. The director of the department, Fariborz Pakseresht, said the aging and disabilities services program doesn't intend to change its monitoring of case worker contacts, saying it felt it was already doing this.

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