

Role of Personal Care Attendants in the Delivery of Services through the Medicaid Elderly and Disabled Waiver Program

CONCLUSION: Representatives of home care provider agencies raised multiple concerns regarding the provision of personal care services funded through the Medicaid Elderly and Disabled Waiver. PEER staff examined these concerns and sought to identify any potential solutions. Several of the providers' concerns were valid, such as a decrease in reimbursement rates and challenges in the recertification of Certified Nurse Aides. The Division of Medicaid should continue to evaluate provider reimbursement rates, streamline background checks, enhance the MediKey system, and align training requirements.

Background:

The direct care workforce includes the primary providers of paid hands-on, long-term care and personal assistance received by the elderly or persons living with disabilities or other chronic conditions in either an institutional or home and community-based setting. This workforce includes multiple occupations, such as personal care attendants or aides, home health aides, certified nurse aides, and others.

Personal care services are non-medical support services to assist the elderly and persons with disabilities or chronic illness in meeting their activities of daily living (e.g., bathing, dressing, eating, grocery shopping, etc.) in order to optimize functioning at home or in a community-based setting. The primary distinction between home care providers and home health providers is that home care providers do not provide clinical services whereas home health aides and nursing assistants do provide clinical services, typically under the direct supervision of licensed nursing staff.

Medicaid is the largest single payer of long-term services and supports (LTSS) in the United States. While all states are required to provide coverage for nursing facility services and home health services through Medicaid, states may also offer home and community-based services (HCBS) through section 1915(c) of the Social Security Act. This section allows states to waive regular Medicaid income and resource limits and provide HCBS to beneficiaries who would otherwise need institutional care. In Mississippi, Medicaid covers personal care services primarily through four waiver programs, with the Elderly and Disabled Waiver serving the most beneficiaries annually.

Providing personal care services through Medicaid is a more cost-efficient option for states, as it allows more individuals to remain in their homes and communities rather than in an institutional setting. According to the AARP, the median annual cost of a nursing facility was \$97,455 for a private room and \$87,600 for a shared room in comparison to a median annual cost of \$18,200 for adult day services in 2017.

What is the Elderly and Disabled Waiver?

The Medicaid Elderly and Disabled Waiver provides home and community-based services to individuals age 21 years old and older who would otherwise require the level of care provided in a nursing facility. Beneficiaries of this waiver must also meet certain financial and medical requirements. If eligible and approved for the waiver, the beneficiary may receive personal care (and other) services.

How much does it cost to administer the Elderly and Disabled Waiver in Mississippi?

Elderly and Disabled Waiver – FY 2017	
Total Number of Participants Served	19,181
Total Waiver Expenditures	\$217,933,521
Cost per Participant	\$14,933

According to Division of Medicaid staff, a maximum of 17,800 waiver participants can be served at any one single point in time. As of October 29, 2019, there are 19,795 personal care attendants available to serve participants in the Elderly and Disabled Waiver.

What concerns were raised about personal care services funded through Medicaid's Elderly and Disabled Waiver?

PEER staff attended several meetings between home care provider agency representatives, Division of Medicaid staff, and Mississippi Department of Health staff to discuss multiple concerns raised about the administration and delivery of personal care services funded through the Elderly and Disabled Waiver. Many of these concerns focused on the increased operational costs in providing personal care services, coupled with decreased Medicaid reimbursement rates and increased administrative requirements. These providers also raised concerns about the training requirements of personal care attendants, challenges in retaining higher skill level staff, and wanting to limit the growing number of home care providers.

What is the status of personal care service concerns raised by home care providers?

Concern	Status	Reason	Effect
Medicaid personal care services reimbursement rates have decreased.	Valid	Medicaid hired an actuarial firm, Milliman, Inc., to revise provider reimbursement rates for waiver services.	Rates decreased by approximately 28% in 2012, from \$5.56 per 15-minute unit to \$4.00 per 15-minute unit.
Medicaid did not notify home care providers of physical office requirements in a timely manner.	Not Valid	Medicaid notified providers on March 29, 2017, for requirements effective July 1, 2017.	Providers initially had until October 17, 2017, to comply, which was then extended until February 28, 2018.
Increased costs of physical office requirements.	Unknown	Effective July 1, 2017, providers must be no more than 60 minutes from counties served or a satellite office will be required.	Providers did not submit information to allow PEER to determine the extent of the costs associated with satellite offices established by providers.
Increased time to conduct national background checks.	Valid	Home care agencies are not licensed by the MSDH, so they cannot access the department's FingerPro system.	Background and fingerprint checks come from multiple sources, some taking up to three weeks to return the results.
The MediKey system does not increase the identification of fraud and abuse.	Not Valid	The federal 21st Century Cures Act mandates that states implement electronic visit verification for all Medicaid personal care services and home health services.	Referrals to the Office of Program Integrity about personal care service claims have increased since MediKey. Personal care services audits for FY 2017 have identified overpayments of \$858,164.
Personal care attendant training is too costly and providers need more cost-efficient options and flexibility given the high turnover rates in this field.	Valid	National literature notes direct care turnover rates range from 45% to 60%. Currently, there are three separate documents that providers must adhere to in providing personal care services.	Lack of a comprehensive set of personal care attendant requirements from a single source document can cause a perceived disconnect on whether or not certain requirements are still applicable.
Certified Nurse Aides employed by home care agencies are not able to obtain recertification.	Valid	Home care agencies are not an MSDH-approved clinical setting. CNAs must complete at least eight hours of clinical skills training from a paid clinical facility.	CNAs have two years to complete the eight hours of clinical training. Therefore, it is likely that the CNA would leave the home care agency to maintain certification.
Medicaid should enact a moratorium on new providers.	Not Valid	Only the Legislature or the federal CMS may enact a moratorium on new home care providers.	There are currently 207 active approved personal care services provider agencies.

What solutions could be considered to address personal care service concerns?

PEER sought to identify any potential solutions that could potentially be implemented to improve the delivery of personal care services based on the concerns raised by the home care provider agency representatives, where applicable, including:

- The Division of Medicaid (DOM) should continue to monitor the reimbursement rates and update the actuarially-sound rates upon any substantive program changes, as warranted.
- DOM and MSDH should continue the development of the interagency agreement that would allow home care providers access to the FingerPro system.
- DOM should continue working on any operational improvements to MediKey, as necessary.
- DOM should review, update, and align the requirements specific to personal care attendants.
- MSDH should continue to work with the home care agencies to identify a feasible option in the development of a training program to allow for the recertification of their Certified Nurse Aide employees.
- DOM should periodically review the service provider selection and placement of waiver participants periodically by both planning and development district and provider agency.

In addition to the above recommendations regarding specific home care provider concerns, DOM should:

- consider the potential for implementing and measuring health-outcome quality metrics for their waiver programs; and,
- continue exploring the feasibility of potential options for improvements to providing long-term services and supports, such as value-based payments.