

Personal Care State Comparisons Report

February 2004

Commissioned Paper

**The State of Colorado
Department of Health Care Policy and Financing**

Background

The State of Colorado Department of Health Care Policy and Financing (HCPF) and disability advocates have interest in exploring a state plan amendment that would make a standardized personal care benefit available to all recipients of community-based services or long-term home health care. The disability advocacy community is especially interested in expanding access to self-directed PASS options. During the 2003 legislative session, a bill was introduced (Colorado House Bill 03-1380) that intended to accomplish both objectives by extending In-Home Support Services (IHSS)¹ eligibility to *all* Medicaid recipients. Though the bill was withdrawn for a variety of reasons, its introduction suggests that there is legislative support for this exploration.

Personal Care Task Force

To formally assess whether Colorado could benefit from adding personal care as a state plan option, HCPF convened a personal care policy task force of state staff, providers and advocates to study the regulatory and related program design issues. (See Appendix A: Task Force Participants). Specifically, the task force is charged with considering benefit scope, service authorization, and delivery system issues. To inform this analysis, HCPF commissioned from Health Policy Solutions (HPS), inc.:

- A review of federal parameters around personal care services
- A review of Colorado's personal care regulatory framework
- A state comparisons analysis that describes the personal care programs in four other midwestern states (Kansas, Michigan, New Mexico, and Utah)

This paper summarizes the findings from this review.

Personal Care Services in Colorado: Regulatory Background.

Currently, Colorado regulations define personal care as unskilled services “which are furnished to an eligible client in the client’s home to meet the client’s physical, maintenance and supportive needs”. (State Rules § 8.489) Personal care includes unskilled tasks related to: bathing, hair care, nail care, mouth care, shaving, dressing, feeding, ambulation, exercises, transfers, positioning, bladder care, bowel care, medication reminding, respiratory care, accompanying, homemaking and protective oversight. (State Rules § 8.489.31 A-R). Again, personal care in Colorado nomenclature is unskilled care and specifically distinguished from “skilled personal care” that may only be provided by a certified home health aide. (State Rules § 8.489.14)

¹ The In-Home Support Services (IHSS) program enables consumers (or their delegates) to direct specific in-home services: health maintenance activities, support for activities of daily living, personal care, and homemaker services. The IHSS benefit is a waiver service available only to those served on the Elderly, Blind and Disabled HCBS waiver and the Children’s HCBS waivers.

Unskilled personal care may be provided under the home health benefit by a certified home health aide, but *only* as secondary to required skilled personal care provided within “contiguous units of service”. In practice, this means that a person may have “unskilled” personal care tasks completed by a Certified Nurse Aide (CNA) when it makes sense to have the CNA do them along with the medically necessary skilled tasks. For example, if a person requires feeding assistance due to choking precautions (a skilled task), it is permissible to have the CNA perform the unskilled task of meal preparation. Rules require that the unskilled tasks must be provided along with the skilled services, during the same visit. So, the personal care service is provided as part of the CNA visit, provided by the CNA, and not as a separate personal care visit provided by a Personal Care Provider. (State Rules § 8.525.11 D2)

Another option for personal care services is the newly implemented In-Home Support Services (IHSS) program. Eligibility for IHSS is restricted to recipients of the HCBS-EBD and Children’s HCBS waivers. The IHSS benefit scope represents a “blend” of the traditional personal care and home health benefits. IHSS also incorporates stronger consumer-direction options, permitting recipients to choose, train, and schedule attendants. (State Rules § 8.552)

Presently, personal care is not a state plan benefit. To receive unskilled personal care services in Colorado, an individual must be either eligible for skilled home health benefits (as above described) and/or one of Colorado’s several HCBS waivers that offer personal care as a waiver service. Not all waivers offer personal care as a service. Some, but not all, waivers permit clients to self-direct personal care services. In sum, state legislation and rules governing the delivery of personal care vary according to program, causing client confusion and administrative inefficiencies.

Despite administrative complexities, however, it appears that most clients who need personal care services are able to access them. In a recent HCPF client survey, for example, only 5% of respondents indicated that personal care is a service they “need, but don’t receive”. According to this same survey, approximately 58% of urban clients, 46% of rural clients, and 49% of frontier clients received Medicaid-funded personal care services. In addition, 10% receive personal care from someone who is unpaid.ⁱ

(See Appendix B, for additional details on Colorado’s personal care services.)

State Comparisons Research Questions

The personal care task force met in November 2003 to review federal parameters with respect to implementing personal care services through the Medicaid program. Briefly, three administrative options were explored to implement personal care services:

- Personal care as a part of home health services
- Personal care as a state plan option
- Personal care as a waiver service

(See Appendix B, for a review of these federal parameters on personal care services.) The committee narrowed its focus to administration through a state plan and/or waiver service. The committee views federal rules around home health as “too restrictive” to flexibly implement (largely) unskilled personal care services.

To structure the four-state comparisons analysis, the task force requested that Health Policy Solutions examine the following personal care state program design features:

- Administrative program design (e.g., waiver service, state plan benefit, state-only service, home health benefit)
- Scope of services
- Amount and degree of consumer direction
- Service authorization procedures
- Provider requirements (e.g., restrictions on relatives)
- Location of services (e.g., in-home, work)
- Service limits, if any, per day, week, or month
- Broad trend data on program/service expenditures

Rationale for State Selections

As noted, the states selected for comparison are: Kansas, Michigan, New Mexico, and Utah. These states were selected for their geopolitical similarities to Colorado and for specific program design features. For example, because the task force indicated a strong interest in consumer-directed models, all selected states have implemented at least one consumer-directed program. Michigan has a particularly strong consumer-directed Medicaid Personal Care option program. Michigan was among the first to implement Medicaid consumer-directed personal care.

In addition, three of the four states (except Kansas) have implemented personal care services through a state plan amendment AND one or more waivers. Again, the task force expressed particular interest in this bifurcated model. Kansas currently implements personal care through waiver services, but, like Colorado, is considering a state plan amendment.

Despite some structural similarities, the states exhibit considerable variability in their program implementation experiences. New Mexico recently implemented a state plan amendment in 1999 and has experienced an unexpectedly large growth of expenditures upon implementation. Utah and Michigan have stable programs, but Utah’s enrollment is very small and Michigan’s is quite large.

The administrative implementation of personal care in each of the states is summarized in Table One.

Table 1: Administrative Implementation of Personal Care by State

State	HCBS Waiver	State Plan Amendment
Colorado	Yes	No
Kansas	Yes	No (but adding)
New Mexico	Yes	Yes
Michigan	Yes	Yes
Utah	Yes	Yes

General Findings

An excellent review article entitled, State Medicaid Programs Offering Personal Care Services by LeBlanc et al., observes that “CMS [federal] definitions are broad enough to give the States significant flexibility in designing personal care programs under Medicaid ... In sum, personal care is a complex construct, known by a variety of names, overlapping with existing service systems, blurring the lines between skilled and unskilled, and between formal and informal home care. Finally, personal care programs are evolving in different ways across the States, many of which continually make changes in their programs.”ⁱⁱ Other review articles also remark on state-to-state variability in personal care services.^{iii,iv}

HPS, inc. find this “shifting-sands” observation very consistent with its own findings. The four studied states demonstrated considerable variability in their personal care programs. This variability manifested at all levels from the conceptual basis of the programs, to definition of services, utilization controls, and expenditures. For example, while some state conceive the program as “enhancing the independence” of a broad range of people with disabilities, other states construe it more narrowly as a cost-avoidance mechanism for specific categories of people (e.g., employed individuals, people at risk of nursing home placement, etc.)^v Some states included homemaker-type services under personal care; others explicitly excluded them. Some states strictly capped hours; others imposed no limits.

Health Policy Solutions also observed that state regulations inconsistently define boundaries between services and programs. For example, at least two states include homemaker-type services under personal care AND provide a separate homemaker benefit as a waiver service. The distinctions between these benefits are not clearly spelled out in regulation. HCBS waiver applications require that states distinguish state plan personal care services from personal care waiver service. States have two main options for distinguishing waiver services from state plan services:

- Waiver services may “extend” state plan benefits (e.g., provide additional hours)
- Waiver services may be defined differently (e.g., provide consumer-direction, skilled services, etc.)

Despite these federal requirements, state staff interviewed by HPS, inc. struggled to clarify the boundaries between state plan and waiver services. These coordination challenges result in part from the fact that different staff and sometimes different administrative agencies oversee the waiver services and the state plan benefits. However, all states interviewed expressed a general interest in standardizing regulations and benefits, combining waivers, and addressing the fragmentation in their state personal care programs. Michigan and Kansas have been awarded CMS grants to specifically address these issues. (See Appendix C-F, for more information on state implementations.)

Benefits/Scope of Services

All states have at the heart of their personal care definitions activities of daily living / instrumental activities of daily living assistance. Most states also define the service as an unskilled one. However, Kansas serves as an exception in that its waiver service explicitly *includes* skilled services (e.g., catheterization). Implementation of this program required waiving parts of the state’s Nurse Practice Act.

As noted, states are required to demonstrate that waiver services do not overlap with or duplicate state plan benefits. Some examples of how states attempt to distinguish these services include:

- Using waiver services to exceed state plan-defined hour limit on services (California, Utah)
- Providing consumer-directed options (Utah: waiver; Michigan: state plan)

Need Definition/Service Authorization

States uniformly define the need criteria for personal care services as “facility level of care”. However, the operational process for assessing this level of care is typically *not* standardized across or even within states. For example, the care planning process for waiver services is commonly disconnected from the service authorization procedures for state plan benefits. States cited this as a problem.

The federal guidance for personal care requires that a physician or state-agent certify a need for the service. Physician certification is required in Michigan, encouraged in New Mexico, and NOT required in Utah. Kansas procedures could not be discerned. States that do not require physician authorization use nurses, physician assistants, and case managers instead.

In New Mexico, providers currently conduct assessments and recommend service models. An independent utilization review company contracts with the state to review the care plans. The state views provider assessments as a “conflict of interest” because providers have a financial interest in maximizing service hours. In addition, advocates complain that the higher reimbursement for agency-based services results in “herding”

97% of consumers into the agency model, rather than the less lucrative consumer-directed model.

Consumer Direction

As noted, all states studied have at least one consumer-directed program. Kansas has particularly strong statutory language around consumer-direction, with five separate statutes addressing the topic: KSA 65-5101, 65-5102, 65-1124, 65-6201, 39-7100.

These statutes accomplish the following:

- establish self-direction as a consumer option
- define the scope of services
- identify eligible providers
- exempt certain services from the nurse practice act
- define consumer rights.

Consumer direction is defined as having control of five key elements of service provision: “selecting, training, managing, paying, and dismissing attendants”. All five elements are necessary for a service to be called consumer-directed.

In practice, consumer participation in consumer-directed models is greatly influenced by administrative features of state programs. As already described, New Mexico’s low rate (3%) participation consumer-directed program has been attributed to agency rates that create incentives to preferentially enroll consumers in agency-based models. In Kansas, conflicting regulations around family members providing services for consumers with developmental disabilities has limited their full participation in consumer-directed services. Michigan’s participation rate in its consumer-directed Home Help, in contrast, is quite high, but services are restricted to the consumer’s place of residence.

States also demonstrated variability in the responsibilities assigned to the fiscal agents in a consumer-directed model. In Utah, for example, the attendant is an independent contractor. In Kansas, the attendant is an agency employee.

Provider Options

In contrast to home health services, the federal government affords greater flexibility of provider options for state plan benefit or waiver service implementations. Many states have both agency and consumer-directed models for personal care services. Home health agencies, personal care agencies and independent living centers are the most commonly specified providers.

Utah requires agencies to “be capable” of functioning both as a provider and as a fiscal intermediary. Other states offer both options but do not similarly facilitate capacity for consumer-direction. Many state regulations reiterate federal prohibitions on spouses and parents as providers.

Several states report that attendants engage in “agency-shopping” which is a phenomenon fueled by provider shortages, wage differentials, and agency signing bonuses. Some states regulate provider-level wages paid by agencies to reduce these incentives.

Location of Services

Federal rules for personal care as a state plan benefit “allow for” (but do not require) delivery of services in the place of residence and “other locations”. HCBS waiver services similarly also allow for service delivery outside the home. Colorado and Michigan (Home Help program) have largely restricted service to the client’s home through state regulations. Utah, Kansas, and New Mexico explicitly allow other service locations including employment settings.

Service Limits, Program Enrollment, and Expenditures

Table Two summarizes states’ service limits, program enrollment, and expenditures.

Table2: Service Limits, Program Enrollment, and Expenditures

State	Service Limits (most recent information available)	Enrollment (Per 1000 pop.) (1998-1999) ^{vi}	Expenditures per participant (1997-1998) ^{vii}
CO	No service-specific limits (waivers limited only by cost-neutrality)	8,514 (2.19)	8,392
KS	Disabled waivers limited only by cost-neutrality; Elderly waiver 8hr/day limit.	13,632 (5.24)	5,448
MI	No caps on state plan benefit, but authorization tiers; Waiver services limited only by cost-neutrality	55K (5.63)	3,821
NM	No cap on state plan hours; reimbursement to the provider is reduced after 100 hours/month.	2,380 (1.38)	9,874
UT	60 hrs/mo state plan; no cap on disability waiver; 5hrs/day on elderly waiver	159 (.08)	2,647

This data is drawn from a (now) somewhat dated analysis conducted by LeBlanc et al. The authors are careful to document how the many differences in state implementation of personal care complicate an “apples to apples” comparison. Nonetheless, the state differences in enrollment and per client expenditures are quite striking. Colorado appears to have high costs per client but relatively low enrollment. Michigan and Kansas have the reverse pattern: low costs per client and high enrollment. If these enrollment and expenditure trends can be confirmed with more recent data, Colorado could potentially

reduce per client expenditures while expanding access to services. Again, a more thorough budget neutrality calculation would be required to confirm this very preliminary analysis. The University of California's Center for Personal Assistance Services tracks state-level enrollment and expenditures on a variety of long-term care services, including personal care and could short-cut any future analytical effort.^{viii}

The New Mexico data reported in Table Two does not reflect the enrollment and utilization associated with their 1999 implementation of a personal care state plan amendment. The original cost projection for the PCO Program was \$10 million by 2004. The current program enrolls 8500 individuals with expenditures topping \$200 million. The state attributes this unanticipated growth to: HCBS waiver waiting lists, popularity of the consumer-directed option, combined provider/assessment function, weak state/utilization review contractor monitoring, and unregulated advertising.

States' Planned Future Directions:

Kansas

Kansas has received a CMS waiver to improve personal assistance supports and services. Current areas of focus include regulatory changes to ensure that people with developmental disabilities have the same options to chose self-directed services as people with disabilities on other waivers. Current regulations for residential services prohibit, for example, "payments made, directly or indirectly, to members of the consumer's immediate family" and this limits the ability of people with developmental disabilities to fully participate in a self-directed model. There are also restrictions on hours for the mental retardation and developmental disabilities (MR/DD) waiver that do not exist for the other waivers.

Kansas is also exploring the development of a Medicaid buy-in that would focus on persons with disabilities who are employed. A state plan amendment option for personal care is envisioned to make personal care available for this population. The state plan amendment would also serve as a vehicle for standardizing the definition and regulations that govern personal care services. Personal care may eventually be removed from the waivers after state plan amendment implementation.

Michigan

Michigan is also a recipient of a CMS grant. The state is currently redesigning its grant scope of work. However, broadly speaking, Michigan hopes to use grant funds to address fragmentation and increase consumer control of personal care services.

New Mexico

In June 2003, New Mexico convened a task force to examine options for stabilizing the (state plan amendment) personal care option program. The task force issued numerous regulatory changes and other recommendations to reduce costs and improve the program. These recommendations include: clarifying eligibility, establishing an independent assessment process, standardizing assessment tools and procedures, training providers on

consumer-direction, hiring additional state staff, and adjusting rates.^{ix} Within the context of rate adjustments, the state aims to reduce provider incentives to maximize authorized hours and to promote consumer-direction. The state is focusing on implementing many of these recommended changes to better manage program growth and to encourage enrollment in the under-utilized consumer-directed option.

Utah

Utah did not choose to elaborate on this topic.

Colorado Personal Care Design Options

Table 3 reviews the implications of four personal care design options according to access, administrative, consumer direction and budget neutrality implications. The four design options include: waiver only model, state plan only model and two hybrid models.

Table 3: Colorado Personal Care Design Options

Personal Care Design Option	Access Implications	Administrative Implications	Consumer Direction	Budget Neutrality Implications
<p>WAIVER ONLY:</p> <p>Maintain personal care as an EPSDT benefit and a waiver service only (Status Quo)</p>	<ul style="list-style-type: none"> No known regulatory obstacles exist for medically eligible individuals to access “some type” of personal care services Current regulations DO prevent certain subgroups from accessing the full range of personal care options (e.g., state statute restricts access to IHSS to specific waivers) “Navigational challenges” exist (e.g., inadequate consumer knowledge about waiver programs, unclear Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service authorization procedures) 	<ul style="list-style-type: none"> Personal care services can be tailored to specific populations Lack of standardization in benefit definition across waivers (e.g., IHSS vs. personal care) Administratively complex to manage benefit and to implement across-the-board changes 	<ul style="list-style-type: none"> Two consumer directed options exist (IHSS, CDAS) in regulations but CDAS is capped and IHSS is not yet implemented Current regulations prevent certain subgroups from accessing consumer-directed options 	<p>Budget neutral</p>
<p>STATE PLAN ONLY:</p> <p>Implement state plan option; remove personal care from waivers</p>	<ul style="list-style-type: none"> Could reduce “navigational” barriers to accessing services by clarifying and standardizing service authorization procedures Could potentially render some 300%-ers ineligible for waivers (specifically, those who use ONLY personal care services) 	<ul style="list-style-type: none"> Centralizes and standardizes definitions and service authorization procedures Administratively easy to implement across-the-board changes Difficult to implement targeted changes (e.g., by program or population) 	<ul style="list-style-type: none"> Facilitates implementation of a consumer-directed option statewide and for all eligible populations 	<p>Unknown</p> <p>Potential Cost-Increasing Factors:</p> <ul style="list-style-type: none"> Reducing navigational barriers has the potential to increase utilization and therefore costs. <p>Potential Cost-Reducing Factors:</p> <ul style="list-style-type: none"> Eliminating some 300% would produce cost-savings but is an unintended and undesirable consequence of state plan-only program design Budget neutrality would require a lower cost per unit relative to baseline (status quo)

<p>HYBRID WAIVER & STATE PLAN</p> <p>Implement state plan option; keep personal care in waivers*</p> <p>*Assumes an agency-based personal care model that provides “capped” benefit; waiver-based personal care used for service needs beyond the cap</p>	<ul style="list-style-type: none"> • Could reduce “navigational” barriers to accessing services by clarifying and standardizing service authorization procedures • Maintains eligibility for all 300%-ers (specifically, those who use ONLY personal care services) 	<ul style="list-style-type: none"> • Centralizes and standardizes definitions and service authorization procedures for a “basic” personal care benefit • Administratively complex to manage benefit and to implement across-the-board changes • Creates a service continuity or “boundary” challenge for those who access both state-plan and waiver • Waiver-based personal care service can be tailored to specific populations 	<ul style="list-style-type: none"> • Same as baseline (status quo) • Current regulations prevent certain subgroups from accessing consumer-directed options 	<p>Increased costs likely</p> <p>Potential Cost-Increasing Factors:</p> <ul style="list-style-type: none"> • Reducing navigational barriers has the potential to increase utilization and therefore costs. • May impact cost neutrality calculations for waivers
<p>HYBRID WAIVER & STATE PLAN</p> <p>Implement state plan option; keep personal care in waivers*</p> <p>*Assumes an IHSS-type personal care model; IHSS removed as a waiver service; agency-based personal care retained as a waiver service</p>	<ul style="list-style-type: none"> • Could reduce “navigational” barriers to accessing services by clarifying and standardizing service authorization procedures for IHSS • Maintains eligibility for all 300%-ers (specifically, those who use ONLY personal care services) 	<ul style="list-style-type: none"> • State plan and waiver benefits are defined as separate & distinct benefits • Centralizes and standardizes definitions and service authorization procedures for a consumer-directed personal care benefit • Administratively complex to manage two distinct personal care benefits • Administratively complex to implement across-the-board changes to “personal care” (broadly defined) • Waiver-based personal care service can be tailored to specific populations 	<ul style="list-style-type: none"> • Facilitates implementation of a consumer-directed option statewide and for all eligible populations 	<p>Unknown</p> <ul style="list-style-type: none"> • Analysis of the IHSS waiver-based implementation could provide a useful model for budget neutrality assumptions <p>Potential Cost-Increasing Factors:</p> <ul style="list-style-type: none"> • Reducing navigational barriers has the potential to increase utilization and therefore costs • IHSS-delivery model may be more popular with consumers and increase demand for service <p>Potential Cost-Reducing Factors:</p> <ul style="list-style-type: none"> • IHSS-model would likely employ a lower cost per unit relative to agency-based personal care • IHSS-model would partially substitute for more expensive skilled services

Recommendations

As noted in the table, the state plan only option creates unintended and undesirable eligibility consequences for the 300%ers. The hybrid option that implements an agency-based model would likely increase costs. Therefore, Health Policy Solutions recommends that the state either maintain the status quo or implement a consumer-directed personal care option.

If the state chooses to pursue a consumer-directed state plan option, Health Policy Solutions recommends critically analyzing the current waiver-based IHSS implementation to model its budget neutrality assumptions. For example, personal care services are already available, when medically necessary, to children under EPSDT provisions. However, there is anecdotal evidence that service authorization procedures and agency-based models of service provision have historically resulted in an under-utilization of this benefit. A claims analysis of the personal care utilization patterns of IHSS-users (before and after IHSS implementation) would help quantify this phenomenon. Is IHSS primarily used by children who previously used personal care services, as authorized under EPSDT? If the consumer-directed model does appear to “induce demand” for personal care services, is this increased demand offset by a reduction in skilled home health services? A parallel analysis on adult populations should also be completed.

Appendix A: Personal Care Task Force Participants

Lisa Artale-Bross, Colorado Department of Health Care Policy and Financing (HCPF)

Merrell Aspin, HCPF

Casey China, HCPF

Janet Dauman, HCPF

Beverly Hirsekorn, Colorado Developmental Disability Council

Diane King, HCPF

Aileen McGinley, ARC of Colorado

John Miles, Colorado Department of Human Services (DHS), Developmental Disability Division

Chad Morris, University of Colorado Health Sciences Center

Julie Reiskin, Colorado Cross-Disability Coalition

Scott Steinbrecher, WIN Partners

Jeff Wenzel, DHS, Mental Health Ombudsman

Bill West, HCPF

Appendix B: Comparison of Colorado and Federal Medicaid Statutes and Regulations for Personal Care

This data was compiled by health policy solutions, inc. The table design is adapted from “Table 1: Summary Comparison of Federal Medicaid Statutes and Regulations for Long Term Care” as published in Harrington et al. Review of Federal Statutes and Regulations for a Personal Care and Home and Community Based Services: A Final Report. 2000;January: Department of Social and Behavioral Sciences University of California, San Francisco. Unless otherwise cited, Harrington et al. is the source for the columns that review federal regulations/statutes. HCPF staff provided information on the state statutes and regulations.

Issue	Home Health Care (Federal)	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care under Home Health Care (Colorado)	HCBS-EBD Personal Care (Colorado)	IHSS (Colorado)
State Plan Requirements	Mandatory benefit for those who would otherwise require institutional care. Optional benefit for other groups.	Optional state plan benefit but for the EPSDT program where medically necessary.	HCBS is an optional program. Waivers may be requested for 3 years with a state option to renew every 5 years.	Provided to all Medicaid clients when program and service requirements met. Different eligibility requirements for acute home health (<60 days), long term home health (61+ days), and long term with acute episode home health. (8.523.11.K)	Optional program.	IHSS encompasses personal care benefit and aspects of the home health benefit. (See Benefits)
Statewideness	Required for all political subdivisions of a state.	Required for all political subdivisions of a state.	May be waived.	Statewide	Statewide	Statewide
Comparability across Eligibility Groups	Must be comparable in amount, duration, and scope of services for eligibility groups.	Must be comparable in amount, duration, and scope of services for eligibility groups.	May be waived. May limit number of recipients	Amount, duration, and scope are comparable within each type: acute home health (<=60 days), long term home health (61+ days), and long term with acute episode home health.	Available only for those certified as eligible for facility level of care. No cap on enrollment.	Available only for those on HCBS-EBD and Children’s HCBS Waiver.

Issue	Home Health Care (Federal)	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care under Home Health Care (Colorado)	HCBS-EBD Personal Care (Colorado)	IHSS (Colorado)
Benefits	Sufficient in amount, duration and scope to reasonably achieve its purpose. Services required include nursing, home health aides, medical supplies and equipment, and physical and other therapies. Limits on services are allowed.	Services related to a patient’s physical requirements such as assistance with eating, bathing, and dressing. These involve “hands on” care. Excludes domestic services only. Limits on services allowed.	Optional for case management, homemaker, home health aide, personal care, adult day care, habilitation, respite care, and day treatment or other services, and other services approved by DHHS. Limits of services are allowed.	Nursing services, home health aide services, therapies (PT,OT,Speech). Home health aide services include skilled personal care, unskilled personal care, and homemaking. Unskilled personal care and homemaking can only be provided “as secondary to required skilled personal care and within contiguous units of service”.	<p>HCBS personal care services are defined as that “which are furnished to an eligible client in the client’s home to meet the client’s physical, maintenance and supportive needs, when those services are not skilled personal care.” Skilled personal care is defined as that “which may only be provided by a certified home health aide.” Skilled personal care is provided under home health services.</p> <p>Personal care tasks (8.489.30): Bathing, skin care (preventive not therapeutic), hair care, nail care, mouth care, shaving, ressing, feeding, ambulation, exercises, transfers, positioning, bladder care, bowel care, medication reminding, respiratory care, accompanying, homemaking, protective oversight.</p> <p>For each above listed task, regulations distinguish skilled from unskilled personal care.</p> <p>IHSS is a benefit of HCBS-EBD.</p>	<p>State statute defines in “in-home support services” as “services that are provided by an attendant and include health maintenance activities, support for activities of daily living or instrumental activities of daily living, personal care services ... and homemaker services. “Health maintenance activities” include skilled services including “catheter irrigation, administration of medication, enemas, and suppositories, and wound care” (24-4-1402).</p> <p>IHSS agencies are also required to provide “independent living core services” which are defined in regulation to include: peer counseling, information and referral services, and advocacy (8.552.7.B).</p>

Issue	Home Health Care (Federal)	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care under Home Health Care (Colorado)	HCBS-EBD Personal Care (Colorado)	IHSS (Colorado)
Screening, Assessment, and Care Planning	No specific instruments or assessment procedures to receive services.	No specific instruments or assessment procedures to receive services.	No specific instruments or assessment procedures to receive services.	For long term home health, ADL screening tool specified in regulation that assesses functional status, specifically: mobility, bathing, dressing, eating, toileting, transferring, need for supervision. Care plan is developed by the HH agency and must be signed by the attending physician. (8.524.13)	ADL screening tool specified in regulation that assesses functional status, specifically: mobility, bathing, dressing, eating, toileting, transferring, need for supervision. Care plan developed by SEP.	For adults, care plan specifying IHSS is developed by SEP. For children, care planning process is being redefined in an 1115 waiver. For both adult and child clients, an additional IHSS plan is established between the eligible consumer and the IHSS Agency. (8.552.1)
Consumer Choice and Information	Right to select a provider of choice and to be fully informed in advance about care and treatment; changes in care and treatment. No right to be informed about alternatives.	Right to select a provider of choice and information about care and treatment. No requirements to be informed about alternatives.	Right to select a provider of choice and to have a choice of home and community services or institutional care; services restricted to those available from the waivers.	No state language specific to home health benefit. General Medicaid consumer rights apply.	No state language specific to personal care benefit. General Medicaid consumer rights apply.	Voluntary program. State statute requires that “case managers discuss the option and potential benefits of in-home support services with all eligible long-term care clients” (26-4-1403(5)). Right to select IHSS agency or attendant (26-4-1403(2)).
Authorization Procedures	Approved by a physician and reviewed by a physician at least every 62 days.	Approved by a physician or a state service plan; no reassessment requirements.	Approved by the state agency; and must be reassessed at least annually.	Long term home health for adults must be prior authorized through the SEP. Long term home health services for children (0-17) is authorized through the fiscal intermediary.	SEP case managers develop a long term care plan with clients. The care plan serves to authorize personal care. Unskilled personal care does not require the supervision of a nurse and do not require physicians’ orders.	IHSS for adults must be prior authorized through the SEP. IHSS for children (0-17) is authorized through the fiscal intermediary (26-4-1403(5)). The 1115 waiver may address the authorization process further.

Issue	Home Health Care (Federal)	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care under Home Health Care (Colorado)	HCBS-EBD Personal Care (Colorado)	IHSS (Colorado)
Provider Options	Medicaid certified home health agency only.	Qualified provider is undefined and may be determined by the state. Spouse and parent of minor child not allowed as provider. No requirement for independent providers.	Qualified providers may be determined by the state but must meet licensing and certification requirements where applicable. Spouses and parents of a minor child not allowed as providers.	Medicare certified home health agency with an agreement with state to provide Medicaid home health services. Liability insurance is required (8.526.10).. Qualified providers defined with reference to Medicare federal regulations.	Must meet general certification standards of HCBS-EBD Provider Agencies (8.487). Regulations specify other personal care certification requirements including: staff training, supervision, and billing practices. Family members shall not be reimbursed to provide only homemaker services.	IHSS Agencies must meet general certification standards of HCBS-EBD Provider Agencies (8.487). Statute calls for the creation of IHSS agencies that are certified by HCPF and that provide independent living core services and in-home support services (26-4-1402(5)).
Quality Controls, Supervision, and Training	Periodic surveys of agencies for certification purpose. Regulations require and specify the frequency of on-site nursing supervision of HH aides. Supervision requirements vary by service. At minimum, the RN must make a supervisory visit every 62 days (42 CFR 484.36(d). Nurse aide training requires 75 hours with 16 hours of classroom instruction and completion of a competency exam (42 CFR 484.36(a)).	The state must develop plan for quality assurance. Supervision of services by a registered nurse is not required. No training requirements for personal care attendants.	The state must develop a plan for quality assurance and certify providers or assure that standards are met. The frequency of supervision is not specified. No specific training requirements.	Supervision standards cite federal regulations. Reimbursement for nurse supervision is clarified in regulation.	Regulations require that “all personal care staff have received at least twenty hours of training, or have passed a skills validation test, in the provision of unskilled personal care ... Training shall also include instruction in basic first aid, training in infection control techniques, including universal precautions.” Regulations describe content and periodicity of supervision requirements.	State statute requires that agencies providing IHSS have 24-hour back-up (26-4-1403(4)(a). Regulations define IHSS training, oversight and monitoring responsibilities. Attendant training may take the form of basic training or skills validation (8.552.6.A).

Issue	Home Health Care (Federal)	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care under Home Health Care (Colorado)	HCBS-EBD Personal Care (Colorado)	IHSS (Colorado)
Location of Services	“At his place of residence ...” (42 CFR 440.70(a)(1))	“Furnished in a home, and at the state’s option, in another location” 42 CFR Sec. 440.167(a)(3) May not be provided in an institution.	Provided in multiple settings in the home or community. Allows supported employment services “particularly work sites” 42 CFR 440.180©(2)(iii)(B). May not be provided in an institution.	Client’s place of residence, including temporary accommodations. Services shall not be reimbursed if provided at the workplace, school, child day care, adult day care, or any other place that is not the client’s place of residence, except when the services are prior authorized ... [as] extra-ordinary home health as EPSDT expanded services ...”	In the client’s home. (8.489.11)	Outside of the client’s home permitted.
Payment Methods and Financial Requirements	Payments made to certified providers only. No special financial requirements.	Payments made to approved providers. Cash payments to clients are not allowed. No special financial requirements.	Payments made to approved providers. Requires cost neutrality and detailed reporting formula to justify costs.	Detailed requirements on acceptable and disallowed billing practices. Specific guidance around unbundling especially with reference to homemaker services.	Detailed requirements on acceptable and disallowed billing practices. Specific guidance around unbundling especially with reference to homemaker services.	IHSS agency acts as a fiscal intermediary and employer of record.

Appendix C: Comparison of Kansas and Federal Medicaid Statutes and Regulations for Personal Care

This data was compiled by health policy solutions, inc. The table design is adapted from “Table 1: Summary Comparison of Federal Medicaid Statutes and Regulations for Long Term Care” as published in Harrington et al. Review of Federal Statutes and Regulations for a Personal Care and Home and Community Based Services: A Final Report. 2000;January: Department of Social and Behavioral Sciences University of California, San Francisco. Unless otherwise cited, Harrington et al. is the source for the columns that review federal regulations/statutes. Sara Sack, Project Manager for Kansas CiPASS, is the source for the Kansas data.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Kansas (3) Waivers: Physical Disability, Frail Elderly, and Head Injury ²
State Plan Requirements	Optional state plan benefit but for the EPSDT program where medically necessary.	HCBS is an optional program. Waivers may be requested for 3 years with a state option to renew every 5 years.	Waiver services
Benefits	Services related to a patient’s physical requirements such as assistance with eating, bathing, and dressing. These involve “hands on” care. Excludes domestic services only. Limits on services allowed.	Optional for case management, homemaker, home health aide, personal care, adult day care, habilitation, respite care, and day treatment or other services, and other services approved by DHHS. Limits of services are allowed.	<p>Attendant care services include skilled and unskilled services, defined as: “basic and ancillary services which enable an individual in need of in home care to live in the individual’s home and community rather than in an institution and to carry out functions of daily living, self-care and mobility.</p> <p><u>Basic Services:</u> mobility/transfers, health maintenance activities, bathing, hygiene, dressing/grooming, feeding.</p> <p><u>Ancillary Services:</u> Homemaker services, companion services, cognitive assistance.</p> <p>(authorizing state legislation is 1989 HB2012; waives parts of nurse practice act)</p>
Need Criteria: Screening, Assessment, Care Planning, and Service Authorization	Not specified; does not have to be nursing home certifiable. Not allowed in a hospital, NF, ICF-MR, or ID facility.	The need must be comparable to those in a hospital, NF, or ICF-MR resident or the individual might need that level in the future (a month or less).	Not able to determine definitively. A waiver fact sheet directs clients to local SRS office, Home Health Agencies or Centers for Independent Living for “referrals”. Need criteria likely varies by waiver, given the diagnostic implications of the waiver names.

² Kansas also has an MR/DD waiver that offers more limited personal care services. This waiver is not included in this table.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Kansas (3) Waivers: Physical Disability, Frail Elderly, and Head Injury ²
Provider Options	Qualified provider is undefined and may be determined by the state. Spouse and parent of minor child not allowed as provider. No requirement for independent providers.	Qualified providers may be determined by the state but must meet licensing and certification requirements where applicable. Spouses and parents of a minor child not allowed as providers.	<p>State statute restricts providers to home health agencies and Centers for Independent Living.</p> <p>Consumers may recruit and select provider independently or select a provider from a pool of Personal Care Attendants. Attendants under the self-directed option are NOT independent contractors but agency employees.</p> <p>Family members may serve as providers. Spouses and parents of a minor child are not allowed as providers.</p> <p>Some providers serve only one waiver program.</p>
Quality Controls, Supervision, and Training	The state must develop plan for quality assurance. Supervision of services by a registered nurse is not required. No training requirements for personal care attendants.	The state must develop a plan for quality assurance and certify providers or assure that standards are met. The frequency of supervision is not specified. No specific training requirements.	Consumer may conduct training and/or access limited technical assistance/materials made available by the state.
Consumer Oriented Care	No requirements.	No requirements.	<p>Optional consumer-directed model. Consumer direction is defined as having control of 5 key elements: “selecting, training, managing, paying, and dismissing attendants”.</p> <p>5 state statutes address consumer direction. These statutes establish self-direction as a consumer option, define the scope of services, identify eligible providers, exempt certain services from the nurse practice act, and defines consumer rights.</p> <p>(KSA 65-5101, 65-5102, 65-1124, 65-6201, 39-7100)</p>
Location of Services	“Furnished in a home, and at the state’s option, in another location” 42 CFR Sec. 440.167(a)(3) May not be provided in an institution.	Provided in multiple settings in the home or community. Allows supported employment services “particularly work sites” 42 CFR 440.180©(2)(iii)(B). May not be provided in an institution.	All settings permitted.

Appendix D: Comparison of Michigan and Federal Medicaid Statutes and Regulations for Personal Care

This data was compiled by health policy solutions, inc. The table design is adapted from “Table 1: Summary Comparison of Federal Medicaid Statutes and Regulations for Long Term Care” as published in Harrington et al. Review of Federal Statutes and Regulations for a Personal Care and Home and Community Based Services: A Final Report. 2000;January: Department of Social and Behavioral Sciences University of California, San Francisco. Unless otherwise cited, Harrington et al. is the source for the columns that review federal regulations/statutes. Michael Daeschlein and Valerie Sandford provided the information on Michigan’s personal care services.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	MI Waiver	Home Help (State Plan Amendment)
State Plan Requirements	Optional state plan benefit but for the EPSDT program where medically necessary.	HCBS is an optional program. Waivers may be requested for 3 years with a state option to renew every 5 years.	Waiver service	State plan amendment
Benefits	Services related to a patient’s physical requirements such as assistance with eating, bathing, and dressing. These involve “hands on” care. Excludes domestic services only. Limits on services allowed.	Optional for case management, homemaker, home health aide, personal care, adult day care, habilitation, respite care, and day treatment or other services, and other services approved by DHHS. Limits of services are allowed.	ADL and IADL assistance, including: assistance with eating, bathing, dressing, personal hygiene, meal preparation, housekeeping chores “incidental to the care furnished or essential to the health and welfare of the individual”. Homemaker, chores and respite are separate waiver services.	“Unskilled and non-specialized” ADL and IADL assistance, including eating, toileting, bathing, grooming, dressing, transferring, mobility, medication, meal preparation/clean-up, shopping/errands, laundry, housework. Rules explicitly distinguish from skilled home health services, provided by a nurse.
Need Criteria: Screening, Assessment, Care Planning, and Service Authorization	Not specified; does not have to be nursing home certifiable. Not allowed in a hospital, NF, ICF-MR, or ID facility.	The need must be comparable to those in a hospital, NF, or ICF-MR resident or the individual might need that level in the future (a month or less).	RN’s conduct an assessment to determine whether an individual meets nursing facility level of care; physicians affirm this level of care determination. The tool assesses 20 items including functional status, diagnoses, medications, treatments. A care plan is created (and updated periodically). If personal care ordered, it is included on the care plan.	Face-to-face comprehensive assessment (FIA-324) of ADLs/IADLs on a 5-point scale, living environment, and medical/health status. Eligible if assessment indicates a functional limitation of level 3 or greater in at least one ADL/IADL. The Family Independence Agency (social services) conducts the assessment, creates the service plan, reviews the provider logs, and pays providers through the Model Payment System. Physician annually certifies that the customer’s need for service is related to an existing medical condition. The physician does not prescribe or authorize services.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	MI Waiver	Home Help (State Plan Amendment)
Provider Options	Qualified provider is undefined and may be determined by the state. Spouse and parent of minor child not allowed as provider. No requirement for independent providers.	Qualified providers may be determined by the state but must meet licensing and certification requirements where applicable. Spouses and parents of a minor child not allowed as providers.	Agency-based. Family members may provide services but they must affiliate with an agency. Family members who provide services must meet the same standards as other providers. Parents, step-parents, and spouses may NOT be reimbursed for services.	Consumer-directed, including hiring and firing. Family members who provide services must meet the same standards as other providers. “Responsible relatives”, defined as a spouse or parent of a child under 18, may not be reimbursed for services.
Quality Controls, Supervision, and Training	The state must develop plan for quality assurance. Supervision of services by a registered nurse is not required. No training requirements for personal care attendants.	The state must develop a plan for quality assurance and certify providers or assure that standards are met. The frequency of supervision is not specified. No specific training requirements.	Waiver agents monitor providers periodically. Providers must train their employees for the tasks to be performed. Providers must conduct bi-annual training and in-home supervisory visits for employees. Care managers must receive training at least 2X/year. RNs are required to maintain licensure which includes CEU training.	FIA must conduct a face-to-face contact with the customer at the six-month and annual reviews. The interview should also include the provider. Training mainly conducted by consumer but providers must be willing to participate in FIA-sponsored training “if necessary”.
Consumer Oriented Care	No requirements.	No requirements.	Family members can provider services through an agency affiliation.	Consumer-directed.
Location of Services	“Furnished in a home, and at the state’s option, in another location” 42 CFR Sec. 440.167(a)(3) May not be provided in an institution.	Provided in multiple settings in the home or community. Allows supported employment services “particularly work sites” 42 CFR 440.180©(2)(iii)(B). May not be provided in an institution.	Generally in the home.	Home or “other independent living arrangement”.

Appendix E: Comparison of New Mexico and Federal Medicaid Statutes and Regulations for Personal Care

This data was compiled by health policy solutions, inc. The table design is adapted from “Table 1: Summary Comparison of Federal Medicaid Statutes and Regulations for Long Term Care” as published in Harrington et al. Review of Federal Statutes and Regulations for a Personal Care and Home and Community Based Services: A Final Report. 2000;January: Department of Social and Behavioral Sciences University of California, San Francisco. Unless otherwise cited, Harrington et al. is the source for the columns that review federal regulations/statutes. Information on New Mexico personal care services was provided by John Lujan.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care Option	Disabled and Elderly (D&E) Waiver
State Plan Requirements	Optional state plan benefit but for the EPSDT program where medically necessary.	HCBS is an optional program. Waivers may be requested for 3 years with a state option to renew every 5 years.	State plan amendment	Waiver service
Benefits	Services related to a patient’s physical requirements such as assistance with eating, bathing, and dressing. These involve “hands on” care. Excludes domestic services only. Limits on services allowed.	Optional for case management, homemaker, home health aide, personal care, adult day care, habilitation, respite care, and day treatment or other services, and other services approved by DHHS. Limits of services are allowed.	Unskilled ADL/IADL assistance: individualized bowel and bladder services, meal preparation/ assistance, support service, hygiene/ grooming, minor DME maintenance, mobility assistance, eating, medication, skin care, cognitive assistance, household services. NOT covered are “any task that must be provided by a person with professional or technical training as specified by state and federal law.	Unskilled ADL/IADL assistance. Household services, meal preparation and assistance, support service, medication, eating, skin care, hygiene/grooming, bathing, oral care, nail care, toileting, minor maintenance of DME, mobility, bladder and bowel programs. Homemaker services exist as a separate waiver benefit.
Need Criteria: Screening, Assessment, Care Planning, and Service Authorization	Not specified; does not have to be nursing home certifiable. Not allowed in a hospital, NF, ICF-MR, or ID facility.	The need must be comparable to those in a hospital, NF, or ICF-MR resident or the individual might need that level in the future (a month or less).	Consumer must meet a nursing facility level of care as determined by a Physician, physician assistant, or nurse practitioner. Personal care agencies develop a personal care service plan (PCSP) must specify nature of specific limitation and specific needs of the consumer for personal care services and attendant responsibilities. A state-contracted UR agency approves the plan.	Consumers must meet a nursing facility level of care as determined by a functional assessment, including: mental status, intellectual function, psychological state, education, vocation, social, medication, physical health. An individualize plan of care is developed by a team of professionals in conjunction with the consumer and consumer’s caregivers. The plan must state the nature of the specific problem and the specific needs of the recipient, including type, amount, and duration of services.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Personal Care Option	Disabled and Elderly (D&E) Waiver
Provider Options	Qualified provider is undefined and may be determined by the state. Spouse and parent of minor child not allowed as provider. No requirement for independent providers.	Qualified providers may be determined by the state but must meet licensing and certification requirements where applicable. Spouses and parents of a minor child not allowed as providers.	<u>Consumer-Directed Option:</u> consumer or consumer’s surrogate selects attendant <u>Consumer-Delegated (agency-based) Option:</u> consumer may select caregiver or agency-assigned attendant.	Family members can provide services on an exception basis.
Quality Controls, Supervision, and Training	The state must develop plan for quality assurance. Supervision of services by a registered nurse is not required. No training requirements for personal care attendants.	The state must develop a plan for quality assurance and certify providers or assure that standards are met. The frequency of supervision is not specified. No specific training requirements.	<u>Consumer-Directed Option:</u> consumers train and supervise attendants <u>Consumer-Delegated (agency-based) Option:</u> agency trains and supervise attendants	Not able to determine.
Consumer Oriented Care	No requirements.	No requirements.	<u>Consumer-Directed Option:</u> consumers hire/fire, train, schedule and supervise attendants. Personal care agency acts as fiscal agent. <u>Consumer-Delegated (agency-based) Option:</u> personal care hire/fire, schedule and supervise attendants. Training is conducted in conjunction with consumer.	“Recipients requiring the services of a personal service employee must be determined medically stable and must have the ability to direct their own care; including their bowel and bladder programs.” 733.45
Location of Services	“Furnished in a home, and at the state’s option, in another location” 42 CFR Sec. 440.167(a)(3) May not be provided in an institution.	Provided in multiple settings in the home or community. Allows supported employment services “particularly work sites” 42 CFR 440.180©(2)(iii)(B). May not be provided in an institution.	Consumer’s place of residence and “outside the home, when necessary and when not available through other existing benefits and programs, such as home health”	Not able to determine.

Appendix F: Comparison of Utah and Federal Medicaid Statutes and Regulations for Personal Care

This data was compiled by health policy solutions, inc. The table design is adapted from “Table 1: Summary Comparison of Federal Medicaid Statutes and Regulations for Long Term Care” as published in Harrington et al. Review of Federal Statutes and Regulations for a Personal Care and Home and Community Based Services: A Final Report. 2000;January: Department of Social and Behavioral Sciences University of California, San Francisco. Unless otherwise cited, Harrington et al. is the source for the columns that review federal regulations/statutes. Information on Utah personal care services was provided by Nichole Adams.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Utah Personal Care (State Plan Amendment)	Utah Employment-Related Personal Services (EPAS) (State Plan Amendment)	Utah Disabled Waiver	Utah Aging Waiver
State Plan Requirements	Optional state plan benefit but for the EPSDT program where medically necessary.	HCBS is an optional program. Waivers may be requested for 3 years with a state option to renew every 5 years.	State plan amendment	State plan amendment	HCBS Waiver	HCBS Waiver
Benefits	Services related to a patient’s physical requirements such as assistance with eating, bathing, and dressing. These involve “hands on” care. Excludes domestic services only. Limits on services allowed.	Optional for case management, homemaker, home health aide, personal care, adult day care, habilitation, respite care, and day treatment or other services, and other services approved by DHHS. Limits of services are allowed.	Home-based services for assistance with ADLs and IADLs, including: self-administering medications; housekeeping; personal grooming and dressing; eating and meal preparation; oral and denture hygiene; toileting and toilet hygiene; arranging medical/dental care incl. transportation; taking and recording oral temperatures; administering emergency first aid; providing/arranging social interaction; documenting services in the individual record	Assistance with ADLs and IADLs, including assistance with cognitive tasks, to support the individual’s ability to work; transportation to and from the work site; hands –on assistance and/or cuing; CANNOT be used for assistance with job tasks (e.g., job coaching); CANNOT replace reasonable accommodations.	Assistance with ADLs and IADLs. Includes “Local Area Support Coordination Liason” provided by ILC’s to identify waiver providers, community-based resources, and natural supports, and emergency response systems.	Assistance with ADLs and IADLs. Can include housekeeping chores when essential to individual health (rather than family convenience).

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Utah Personal Care (State Plan Amendment)	Utah Employment-Related Personal Services (EPAS) (State Plan Amendment)	Utah Disabled Waiver	Utah Aging Waiver
Need Criteria: Screening, Assessment, Care Planning, and Service Authorization	Not specified; does not have to be nursing home certifiable. Not allowed in a hospital, NF, ICF-MR, or ID facility.	The need must be comparable to those in a hospital, NF, or ICF-MR resident or the individual might need that level in the future (a month or less).	Needs two or more of itemized ADL/IADL assistance. Do NOT require a physician's order. Service must be prior authorized based on a personal care assessment and a plan of care prepared by a licensed health care professional.	ADL/IADL need. Do NOT require a physician's order. Service must be prior authorized based on a person-centered meeting that results in an employment support plan that defines type of assistance and hours. Must have a job/offer of employment equivalent to 40 hours/mos. or 10 hours/week.	Functional loss of 2 limbs; MD-certified ability to manage own attendant & financial affairs; 14hrs/week of personal care need; potential attendant trained before certified for eligibility. Need evaluation is conducted by registered nurses from the Utah Department of Health	Equivalent to nursing home eligibility, must meet 2 of 3: -More than only supervision of ADLs needed -Not cognitively oriented -High intensity of service need Need evaluation is conducted by registered nurses from the case management agency
Provider Options	Qualified provider is undefined and may be determined by the state. Spouse and parent of minor child not allowed as provider. No requirement for independent providers.	Qualified providers may be determined by the state but must meet licensing and certification requirements where applicable. Spouses and parents of a minor child not allowed as providers.	Licensed personal care or home health agency. Providers must be capable of performing activities as both a business agent and fiscal/employer agent. CNA Home health aides (agency-based); Personal Care Attendant (agency-based) No parents, spouses or other legally responsible individuals.	Licensed personal care or home health agency. Or, individual provider with Fiscal Agent. Providers must be capable of performing activities as both a business agent and fiscal/employer agent. CNA Home health aides (agency-based); Personal Care Attendant (agency & independent contractor) Independent contractors must have Health Care Assistant License. No parents, spouses or other legally responsible individuals.	Individual provider (Personal Care Attendant) with Fiscal Agent. Independent Living Centers (ILCs) provide the Local Area Support Coordination Liasons No parents, spouses or other legally responsible individuals.	Licensed personal care or home health agency. Or, individual provider with Fiscal Agent. Providers must be capable of performing activities as both a business agent and fiscal/employer agent. CNA Home health aides (agency-based); Personal Care Attendant (agency & independent contractor) No parents, spouses or other legally responsible individuals. Other family members may provide care so long as other provider requirements are met.

Issue	Personal Care (Federal)	HCBS Waivers (Federal)	Utah Personal Care (State Plan Amendment)	Utah Employment-Related Personal Services (EPAS) (State Plan Amendment)	Utah Disabled Waiver	Utah Aging Waiver
Quality Controls, Supervision, and Training	The state must develop plan for quality assurance. Supervision of services by a registered nurse is not required. No training requirements for personal care attendants.	The state must develop a plan for quality assurance and certify providers or assure that standards are met. The frequency of supervision is not specified. No specific training requirements.	Nurse supervision is required.	No nurse supervision is required. The state conducts routine quality monitoring that includes chart reviews.	No nurse supervision is required. Client/surrogate supervised. The state also conducts routine quality monitoring that includes chart reviews.	No nurse supervision is required. Client/surrogate supervised. The state also conducts routine quality monitoring that includes chart reviews. Training is individualized and services are outlined in the plan of care.
Consumer Oriented Care	No requirements.	No requirements.	Agency-based only	Both agency and consumer-directed models	Consumer-directed only	Both agency and consumer-directed models
Location of Services	“Furnished in a home, and at the state’s option, in another location” 42 CFR Sec. 440.167(a)(3) May not be provided in an institution.	Provided in multiple settings in the home or community. Allows supported employment services “particularly work sites” 42 CFR 440.180©(2)(iii)(B). May not be provided in an institution.	Home-based only	Outside of the home permitted	Outside of the home permitted	Outside of the home permitted

ENDNOTES

ⁱ Systems Change for Real Choices: Report on Provider Survey and Consumer Needs Assessment Survey. Prepared for the State of Colorado Department of Health Care Policy and Financing. 2003(September); Denver, CO:Center for Research Strategies.

ⁱⁱ Le Blanc et al. State Medicaid Programs Offering Personal Care Services. Health Care Financing Review. 2000;22(4):155-173

ⁱⁱⁱ Litvak S and Kennedy J. Policy Issues Affecting the Medicaid Personal Care Services Optional Benefit. US Department of Health and Human Services. Commissioned by the US Department of Health and Human Services. December 1991.

^{iv} Wiener J et al. Home and Community-Based Services in Seven States. Health Care Financing Review. 2002(Spring);23(3):89-114.

^v Batavia AI et al. Toward a National Personal Assistance Program: The Independent Living Model of Long-Term Care for Persons with Disabilities. Journal of Health Politics, Policy and Law. 1991(Fall);16(3):523-545.

^{vi} Ibid.

^{vii} Ibid.

^{viii} Information on the University of California's Center for Personal Assistance Services can be found at: <http://www.pascenter.org/medicaid/medicaid.php>.

^{ix} Hyde P and Ingram C. New Mexico Personal Care Option Program: Review and Recommendations. June 23, 2003.