Department of Health and Human Services

OFFICE OF INSPECTOR GENERAL

STATES' REQUIREMENTS FOR MEDICAID-FUNDED PERSONAL CARE SERVICE ATTENDANTS

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EXECUTIVE SUMMARY

OBJECTIVE

To determine (1) the requirements that States have established for Medicaid personal care service attendants and (2) State policies for oversight of those requirements.

BACKGROUND

Personal care service attendants (hereinafter referred to as attendants) enable the elderly, people with disabilities, and other individuals with chronic or temporary conditions to remain in their homes by assisting them with daily activities (e.g., bathing, dressing, meal preparation, and grocery shopping). Personal care services are provided to eligible beneficiaries through Medicaid State plan and waiver programs through three delivery models: agency direction, consumer direction, and the use of independent providers. While there are no Federal requirements for personal care service attendants, States are required to develop qualifications or requirements for attendants to ensure quality of care.

At the time of our review, States were providing personal care services through 238 programs: 31 State plans and 207 Medicaid waivers. To determine what requirements States had established for attendants, the Office of Inspector General (OIG) consulted with State staff in all 50 States and the District of Columbia (hereinafter referred to as States) about established attendant requirements and the oversight of those requirements. OIG also reviewed State policies and guidelines to verify the requirements.

FINDINGS

States had established 301 sets of attendant requirements nationwide. Requirements often varied among the programs within a State and/or the delivery models within programs. As a result, we identified 301 sets of requirements for attendants. We defined a requirement set as any combination of requirements (i.e., background checks, training, age, supervision, health, literacy or education, or other requirements) established for attendants within a program.

Wide variations exist in the six most common requirements. The six most common requirements identified were background checks, training, age, supervision, health, and education/literacy; however, States defined these requirements differently. For example, background check requirements were included in 245 requirement sets. However, a background check requirement in one program could include conducting a national criminal background check, checking abuse and neglect registries, and/or checking Federal or State exclusion lists; in another program, the background check requirement could include only checking references. Even when two programs require a criminal background check, one may bar an attendant for certain offenses while the other may allow an attendant with the same offenses to provide services.

Most States monitored compliance with attendant requirements on two levels. In 48 States, the responsibility for ensuring that attendants met established requirements was delegated to some entity other than the State. Forty-seven States conducted some type of direct oversight of those assigned responsibility for ensuring that attendant requirements had been met. Most often, the oversight was an audit or review, but the frequency and scope of the reviews varied depending on which office within the State conducted them.

CONCLUSION

States have established multiple sets of attendant requirements that often vary among programs and by delivery models within programs, resulting in 301 sets of attendant requirements nationwide. Four consumer-directed programs had no attendant requirements. While no Federal requirements exist regarding attendant qualifications, the State Medicaid Manual requires States to develop such requirements and offers examples of requirements States may establish. In response, States have established attendant requirements that commonly include background checks, training, supervision, age, health, and literacy or education, but States define these requirements differently. Contributing factors to variations in attendant requirements may be (1) difficulties in balancing the need to ensure that attendants are qualified with the competing need to ensure that a sufficient pool of attendants is available, and (2) the struggle to balance beneficiary protections with consumer choice (i.e., more vulnerable beneficiaries

may benefit from more stringent attendant requirements, while other beneficiaries believe that attendant requirements restrict their choices about how their services are provided).

The variations in requirements and the administration of programs by different State agencies and departments made capturing complete information about requirements challenging. Oversight of the requirements is similarly delegated to different areas of State governments. These circumstances may make it difficult for States to ensure that attendant requirements are met. More consistent attendant requirements, less fragmentation in program administration, or some level of standardization within States may make monitoring attendant requirements less cumbersome and enhance quality assurance. The information presented here will be useful to CMS and States in assessing variations in attendant requirements and serve as a foundation for future evaluations of Medicaid personal care and other home and community-based services.

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BACKGROUND

Personal care service attendants (hereinafter referred to as attendants) provide the elderly, people with disabilities, and other individuals with chronic or temporary conditions with the care they need to remain in their homes or communities. Attendants typically are unlicensed individuals who provide services in beneficiaries' homes.

States are providing personal care and other home and community-based services to an ever-increasing number of Medicaid beneficiaries in efforts to contain Medicaid spending and beneficiary institutionalization. Trends in Medicaid long-term care spending in recent years show that expenditures for personal care and home health services are increasing at a greater rate than expenditures for institutional long-term care services. From 2000 to 2004, Medicaid expenditures for personal care, home health, and other home and community-based services increased nearly 69 percent, while expenditures for institutional long-term care services increased only 14 percent.[1] In 2005, personal care and home health services amounted to 40 percent of total Medicaid long-term care expenditures, and exceeded expenditures for other types of long-term care services in seventeen States.[2] State and Federal Medicaid expenditures for personal care services alone reached $9.34 billion in 2005, an increase of nearly 55 percent over 3 years.[3]

The Congressional Budget Office (CBO) estimates that the Deficit Reduction Act of 2005 will extend personal care and other home and

[1] "Understanding the Recent Changes in Medicaid Spending and Enrollment Growth Between 2000-2004," Kaiser Commission on Medicaid and the Uninsured. May 2006, p. 7.

[2] State Health Facts, "Distribution of Medicaid Spending on Long Term Care, FY2005." Available online at http://www.statehealthfacts.org. Accessed September 22, 2006.

[3] CMS-64 summary data for 2002 and 2005.

community-based services to an additional 120,000 beneficiaries.[4] The U.S. Department of Labor, Bureau of Labor Statistics, estimates that approximately 701,000 individuals were employed as personal and home health care aides nationwide in 2004, and the number of individuals employed in these occupations will continue to grow much faster than the average for all occupations through the year 2014.[5]

Despite the explosive growth in Medicaid personal care services, little is known about the requirements placed on personal care service attendants and oversight of State-established requirements. This evaluation fills that void and provides a foundation for future evaluations of Medicaid personal care and other home and community-based services.

Personal Care Services

A State's Medicaid program may cover personal care services, including a range of human assistance provided to enable persons with disabilities and chronic conditions to accomplish tasks they would normally perform themselves if they did not have a disability. The State Medicaid Manual defines personal care services as the provision of assistance that most often relates to the performance of the activities of daily living (e.g., eating, bathing, dressing, toileting, transferring, and maintaining continence) and the instrumental activities of daily living (e.g., personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management).[6] Personal care services do not include skilled services that only a health professional may perform (e.g., home health aide services, physical therapy, occupational therapy, and speech and

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[4] CBO memorandum, "Additional Information on CBO's Estimate for the Medicaid Provisions in the Conference Agreement for S. 1932, the Deficit Reduction Act of 2005." January 31, 2006. Available online at http://www.cbo.gov/ftpdocs/70xx/doc7033/s1932medic.pdf. Accessed August 15, 2006.

[5] Bureau of Labor Statistics, U.S. Department of Labor, "Occupational Outlook Handbook, 2006-07 Edition," Personal and Home Care Aides. Available online at http://www.bls.gov/oco/ocos173.htm. Accessed May 17, 2006. Separate data for personal care service attendants and home health aides are not available.

[6] The State Medicaid Manual, Pub. No. 45, Chapter 4, Section 4480, para. C. Available online at http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927. Accessed June 27, 2006.

language therapy).[7] Additionally, personal care services cannot be provided to individuals who are patients or residents in hospitals, nursing facilities, intermediate care facilities for persons with mental retardation, or psychiatric institutions.[8]

States can provide personal care services to eligible Medicaid beneficiaries through State plan and waiver programs. States that provide personal care services through a State plan program must conform to the general Medicaid program requirements outlined in section 1902 of the Social Security Act. States can also provide personal care services through 1115 demonstration, 1915(a) and 1915(b) managed care and freedom of choice, and 1915(c) Home and Community-Based Services (HCBS) waiver programs. At the time of our review, HCBS waiver programs were the most common waivers used to provide personal care services. Waivers allow States more flexibility in designing programs that will meet the needs of beneficiaries and control Medicaid spending. Most States were using a combination of both State plan and waiver programs to provide personal care services to eligible Medicaid beneficiaries. Appendix A provides a glossary that further describes State plans and waivers, as well as other terms and topics discussed in this report.

Delivery models

States provide personal care services through three delivery models: agency direction, consumer direction, and the use of independent providers. In some programs, beneficiaries receive services through a single delivery model chosen for that program. In other programs, two delivery models are offered, and beneficiaries may choose between agency and consumer direction, or agency direction and an independent provider. These models are described below.

Agency direction—In the agency-directed delivery model, a home health, personal care, or other licensed agency employs and pays attendants. Agency employees select attendants to provide services to eligible beneficiaries, set attendants' schedules, and provide substitute

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[7] The State Medicaid Manual, Pub. No. 45, Chapter 4, Section 4480, para. C. Available online at http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927. Accessed June 27, 2006.

[8] The State Medicaid Manual, Pub. No. 45, Chapter 4, Section 4480, para. B. Available online at http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927. Accessed June 27, 2006.

attendants. The agencies pay attendants an hourly wage and bill the State Medicaid programs for the services provided.

Consumer direction—While the agency-directed delivery model has historically been the most common model for providing personal care services, the consumer-directed model is rapidly increasing in popularity. The defining characteristic of the consumer-directed model is that the consumer (i.e., Medicaid beneficiary) or his/her representative has more control over the services received and when, how, and by whom the services are provided. Consumers retain varying levels of responsibility (e.g., hiring, training, scheduling, and paying attendants) in the programs that use the consumer-directed model. Employment and payment arrangements also vary among the programs, and the arrangements can include attendants: (1) directly employed and paid by the consumers, (2) employed by the consumers and paid by another source (e.g., fiscal agent, home health or personal care services agency, Medicaid State agency), or (3) employed and paid by another source but for whom consumers retain some level of responsibility.

Independent providers—In the least common delivery model, individuals apply to the State to enroll as independent providers. They then bill the State directly for the personal care services they provide. The programs that offer this delivery model vary in terms of how consumers select their attendants; some States maintain a list of independent providers from which consumers select an attendant, while other States utilize a county board or case monitoring agency to assist consumers in selecting an attendant. However, unlike the consumer-directed model, consumers do not have direct responsibility for hiring, training, scheduling, or paying their attendants.

Beneficiary Protections

Medicaid beneficiaries receiving personal care services generally include individuals who are elderly or have physical or developmental disabilities, mental retardation, traumatic brain injuries, or HIV/AIDS. These beneficiaries' conditions and the largely unsupervised settings (i.e., beneficiaries' homes) in which they receive services increase their vulnerability to mistreatment and exploitation. However, unlike nurse aides and home health aides who provide services to the same populations, there are no Federal requirements for personal care service

attendants.[9] The State Medicaid Manual requires each State to develop provider qualifications but lists no specific qualifications, offering only examples of requirements that States may establish to ensure that attendants provide high-quality personal care services to Medicaid beneficiaries.[10] Examples of requirements include the following:

- criminal background checks or screens for attendants before they are employed;
- training for attendants;
- use of case managers to monitor the competency of personal care providers; and/or
- establishment of minimum requirements related to age, health status, and/or education.

The State Medicaid Manual also requires that States providing personal care services through 1915(c) HCBS waivers have adequate safeguards in place to ensure that attendants meet applicable State licensing and certification requirements, but does not provide specific examples.[11]

METHODOLOGY

We worked with the Centers for Medicare & Medicaid Services (CMS) and State Medicaid agency staff in all 50 States and the District of Columbia (hereinafter referred to as States) to determine the programs through which States provided personal care services. At the time of our review, States were providing personal care services through 238 programs: 31 State plans and 207 Medicaid waivers (see Table 1). States used multiple

Table 1: Medicaid Personal Care Service Programs

Program Type	Number
State Plan	31
1115	9
1915(a)	3
1915(b)	3
1915(b/c)	5
1915(c)	187
Total	**238**

Source: CMS and Medicaid State Agencies, July 2005.

[9] Sections 1819(b)(5) and 1891(a)(3) of the Social Security Act.

[10] The State Medicaid Manual, Chapter 4, Section 4480, para. E. Available online at http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927. Accessed June 27, 2006.

[11] The State Medicaid Manual, Chapter 4, Section 4442.4. Available online at http://www.cms.hhs.gov/Manuals/PBM/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=1&sortOrder=ascending&itemID=CMS021927. Accessed June 27, 2006.

delivery models in 105 of the 238 programs.

We consulted with State Medicaid agency staff to identify the individuals who were most knowledgeable about the requirements for attendants and the oversight performed to ensure that attendants met established requirements in each program. Some staff were knowledgeable about requirements for multiple programs and/or delivery models, and others were only familiar with a single program or delivery model. Also, other State agencies (e.g., Department of Aging, Department of Mental Health, Division of Developmental Disabilities) often held administrative responsibilities for some waivers. Therefore, we conducted multiple interviews in some States to obtain complete information about all programs. We conducted 86 interviews in the 51 States between July 2005 and January 2006.

Through these interviews, we identified for each program: (1) the delivery models associated with the program, (2) whether attendant requirements varied within the program based on delivery model, and (3) the requirement sets established for attendants. We defined a requirement set as any combination of background checks, training, age, supervision, health, literacy or education, or any other requirements established for attendants within a program. We also identified the oversight methods that States established to ensure that attendants met requirements, and collected State policies and other documentation to support reported attendant requirements. We reviewed these documents to verify the attendant requirement information gathered through the interviews.

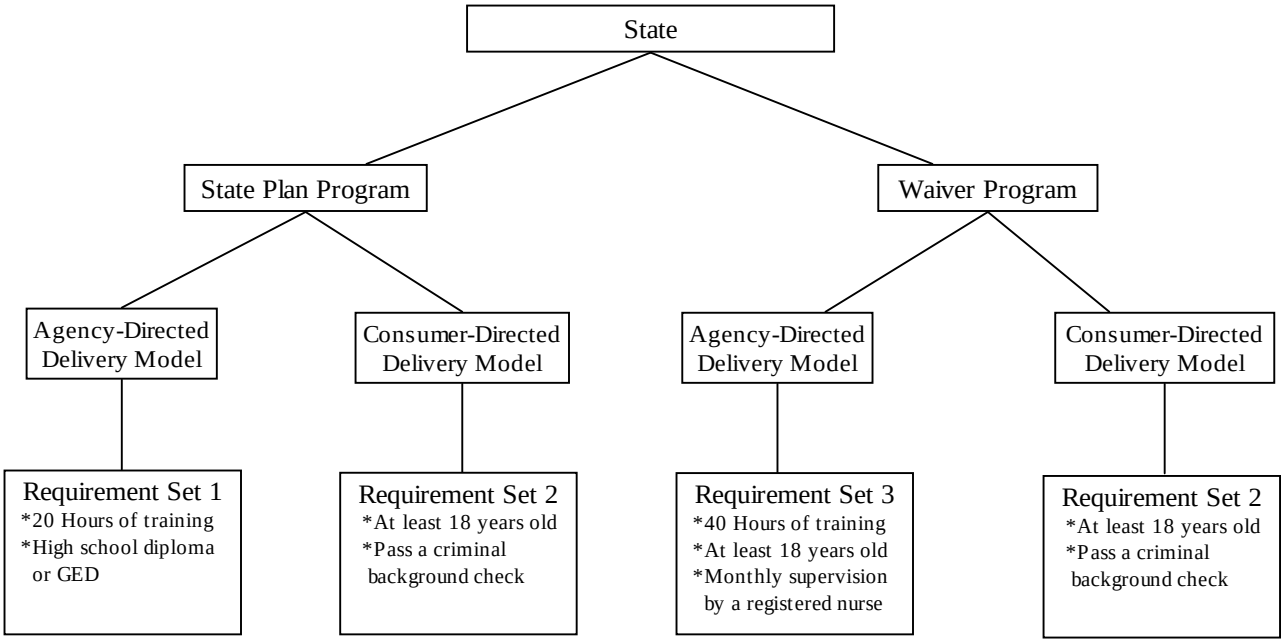
Standards

This study was conducted in accordance with the "Quality Standards for Inspections" issued by the President's Council on Integrity and Efficiency and the Executive Council on Integrity and Efficiency.

States had established 301 sets of attendant requirements nationwide

Unlike similar direct care professions for which States establish a standard set of requirements (e.g., nurse aides and home health aides), 43 States had established multiple sets of requirements for attendants. We found that attendant requirements frequently differed among the programs within a State and/or the delivery models within a program.[12] These differences produced 301 sets of requirements for attendants.[13] Figure 1 illustrates an example of a State with two personal care service programs (State plan and waiver), two delivery models (agency directed and consumer directed), and three sets of requirements.

Figure 1: One State, Two Programs, Two Delivery Models, and Three Requirement Sets



[12] In three States, we identified seven programs with attendant requirements that also varied based on the type of provider who rendered the service.

[13] While it is possible that more than one State could have the same set of requirements, it is unlikely that the requirement details (e.g., number of hours and content of training, who provides supervision, how supervision is provided, or required attendant age) would be duplicated across States.

Figure 1 also shows how States may utilize one set of requirements for multiple programs or delivery models (see Requirement Set 2). Appendix B lists the requirements established for each program and delivery model within each State.

Some States had established different requirements for various programs and/or delivery models; therefore, attendants may need to meet different requirements depending on the program and the delivery model through which a beneficiary is served. For example, in one State, a 16-year-old with 8 hours of training could provide services through the consumer-directed model, but could not provide services through the agency model until he or she turned 18, received 24 hours of training, and passed a background check.

Only seven States applied uniform requirements to all the programs within that State. In four of these seven States, the number of programs providing personal care services ranged from two to nine. The remaining three States provided Medicaid personal care services through a single program. The number of different delivery models, program types, and requirement sets are reflected in Table 2.

Table 2: Requirement Sets Identified

Delivery Model	Program Type		Number of Requirement Sets
	State Plan	Waiver	
Agency	23	147	170
Consumer Directed	11	69	80
Agency and Consumer Directed	6	29	35
Independent Provider	1	10	11
Agency and Independent Provider	0	5	5
Total	41	260	301

Source: OIG analysis of interview data, 2006.

Four programs did not have requirements for attendants. One of these four programs, in Massachusetts, was the only program in that State through which Medicaid beneficiaries could receive personal care services. The other three programs were in Colorado, New Hampshire, and Rhode Island—States that had other programs with established attendant requirements. All four programs were consumer-directed models.

Wide variations exist in the six most common requirements

The six most commonly established requirements for attendants included background checks, training, supervision, age, health, and education/literacy. However, States defined these requirements differently and utilized different combinations of them in their sets of requirements. The number of States that utilized any of these six requirements in at least one of their programs and the number of requirement sets that contained the requirement are outlined in Table 3.

Table 3: Six Most Common Attendant Requirements

Requirement	Number of States That Utilized Requirement in at Least One Program	Number of Requirement Sets Containing the Requirement
Background Checks	50	245
Training	46	227
Age	42	219
Supervision	43	198
Health	39	162
Literacy/Education	31	125

Source: OIG analysis of interview data, 2006.

A more detailed distribution of the types of requirements and the number of requirement sets in each State appears in Appendix C.

Background checks had been established in 245 of the 301 requirement sets

Background check requirements included not only varying degrees of criminal background checks, but also checks of abuse or neglect registries to identify previous offenses and checks of Federal or State exclusions lists for previous fraudulent or abusive activities. Some background check requirements also required contacting personal

references or verifying previous employment. A criminal background check was the most common type of background check; 229 requirement sets included a criminal background check, as illustrated in Table 4.

Table 4: Attendant Background Check Requirements

	Number of Requirement Sets*
Background Check of Any Type*	**245**
Criminal background (any scope)	229
Abuse or neglect registries	147
Personal references or previous employment	79
Federal or State exclusion lists	60
No Background Check Requirement	**56**

*These categories are not mutually exclusive; a single requirement set may contain more than one of the specific requirements listed.

Source: OIG analysis of attendant requirements, 2006.

The scope of the required criminal background checks varied among States and among programs and delivery models within a State. In some instances, States required a criminal background check to identify criminal offenses within that State. In other instances, States required a criminal background check to identify criminal offenses in neighboring or other States, or a national criminal background check. Additionally, 219 sets of requirements outlined offenses that would bar an attendant from providing services. Listed offenses included convictions for a capital offense, crimes against persons, violent crimes, fraud or abuse, theft, or the sale or use of illegal drugs. Some sets of requirements restricted an attendant from providing personal care services if he or she had any felony or misdemeanor convictions. State or agency staff made determinations regarding whether attendants with identified offenses could provide services to Medicaid beneficiaries on a case-by-case basis in 26 of the 219 requirement sets. In some instances, attendants with identified offenses could provide services under certain circumstances (e.g., with direct supervision, if the identified offense was considered a "lower-level crime," if the attendant was believed to be rehabilitated, or at the discretion of the beneficiary in some consumer-directed models). Further, 12 requirement sets included a criminal background check, but the results of those background checks would not bar attendants from providing services.

Eighteen requirement sets with no criminal background check requirement still barred attendants from providing personal care services if attendants had histories of abuse or neglect, had committed crimes related to the services to be provided, or if State or agency staff made a case-specific determination that the attendant should not provide services. When questioned as to how the State would become aware of barring offenses if no criminal background check was required, one program official responded, "Well, I don't know that we would."

Training was included in 227 of the 301 requirement sets

Training requirements varied in terms of when the training was provided, content and hours, and continued training. Attendants had to complete required training before providing services in 167 of the 227 requirement sets that included a training requirement. However, in the other 60 of these 227 requirement sets, attendants were allowed to begin work before completing the required training. One State allowed attendants up to 9 months to complete required training for some programs, and another allowed up to 15 months to complete an 18-module training program. The content of required training included subjects such as:

- first aid or cardiopulmonary resuscitation (CPR),
- basic health (e.g., food and nutrition, blood-borne pathogens, hygiene, universal precautions),
- assistance with daily living activities (e.g., patient transfer techniques, proper patient bathing and showering techniques, grooming),
- orientation (e.g., beneficiary rights and responsibilities, safety, behavioral issues, patient confidentiality),
- training specific to an individual beneficiary's needs, or
- other training included in State-developed curriculum.

The required number of training hours was specified in 102 of the 227 requirement sets that included training. The median number of required training hours was 28, ranging from 2 to 120. Some States reported that training requirements could be waived if the attendant had completed training as a registered nurse (RN), licensed practical nurse (LPN), certified nurse assistant (CNA), or home health aide. In some instances, completion of a competency exam or past experience

working as an attendant exempted attendants from established training requirements.

Requirement sets using the consumer-directed model included a formal training requirement less often than requirement sets using the agency-directed model.[14] However, officials from six States reporting on consumer-directed programs with no training requirement volunteered that beneficiaries were trained on how to direct their care and how to teach attendants to perform the services needed.

A continuing training requirement was included in 140 requirement sets. The most common continuing training requirement was that attendants maintain their certifications for CPR or first aid, followed by a requirement that they receive continuing training for the skills necessary to meet the needs of the beneficiaries they serve. The median number of continuing training hours required each year was 10, ranging from 1 to 24. However, 59 of the requirement sets that included a continuing training requirement did not specify the content of continuing training, and 51 sets of requirements did not specify the number of continuing training hours required.

Minimum age requirements were included in 219 of the 301 requirement sets

The most common age requirement was that the attendant be at least 18 years old. However, State laws allowed attendants as young as 14 years of age to provide services in some programs. Other age requirements ranged from "legal working age" to 19 years of age as outlined in Table 5 on the next page. States had established an age requirement in a higher percentage of the requirement sets for the consumer-directed model than for the agency-directed model.[15] No age requirement was included in 82 of the requirement sets.

[14] A formal training requirement was included in 37 of the 80 consumer-directed requirement sets, and in 155 of the 170 agency-directed requirement sets.

[15] An age requirement was included in 71 of the 80 consumer-directed requirement sets, and in 102 of the 170 agency-directed requirement sets. Most agencies are required to meet licensing standards, which may include an age requirement for individuals employed by the agency.

Table 5: Attendant Age Requirements		
		Number of Requirement Sets
Any Age Requirement		**219**
	Legal working age	5
	14 years	13
	15 years	2
	16 years	31
	17 years	3
	18 years	164
	19 years	1
No Age Requirement		**82**

Source: OIG analysis of attendant requirements, 2006.

Supervision was required in 198 of the 301 requirement sets

Supervision requirements varied with regard to the person responsible for attendant supervision, the method, and the frequency. The individuals responsible for supervising attendants included registered or licensed practical nurses (RN or LPN), home health or personal care service agency staff, case managers, other qualified staff or individuals, and even the beneficiary, as outlined in Table 6. An RN, LPN, or other qualified agency staff person was more likely to supervise attendants providing services through an agency.[16]

Table 6: Attendant Supervision Requirements Person Responsible		
		Number of Requirement Sets
Any Supervision Requirement		**198**
	RN or LPN	95
	Agency staff	23
	Case manager	28
	Beneficiary	20
	Qualified staff/medical professionals	22
	Not specified	10
No Supervision Requirement		**103**

Source: OIG analysis of interview responses, 2006.

[16] Supervision was performed by an RN, LPN, or other qualified agency staff person in 11 of the 42 consumer-directed requirement sets, and in 119 of the 129 agency-directed requirement sets.

The beneficiary or case manager was more likely to supervise attendants providing care through the consumer-directed model.[17] Even though day-to-day supervision was often reported as the responsibility of the beneficiary in the consumer-directed model, three States also required case managers or other agency personnel to telephone the consumer monthly and to conduct quarterly or annual home visits, as outlined in Table 7.

Table 7: Attendant Supervision Requirements Methods

		Number of Requirement Sets
Any Supervision Requirement		**198**
	In-home visits	168
	In-home visits and monthly telephone calls	12
	Sign timesheets	3
	Not specified	15
No Supervision Requirement		**103**

Source: OIG analysis of interview responses, 2006.

As outlined in Table 8 on the next page, the frequency of the required supervision varied. Some sets of requirements specified timeframes for required supervision, while others required supervision on a case-by-case basis or "as determined by the plan of care."

[17] Supervision was performed by the beneficiary or a case manager in 30 of the 42 consumer-directed requirement sets, and in 3 of the 129 agency-directed requirement sets.

Table 8: Attendant Supervision Requirements Frequency		
		Number of Requirement Sets
Any Supervision Requirement		**198**
	Monthly	16
	Bimonthly	25
	Quarterly	60
	Every 4 months	10
	Semiannually	16
	Annually	14
	As determined by the plan of care	10
	Consumer supervises	21
	Not specified	26
No Supervision Requirement		**103**

Source: OIG analysis of interview responses, 2006.

Minimum health requirements were included in 162 of the 301 requirement sets

Some type of health requirement was included in 162 requirement sets. As illustrated in Table 9 on the next page, the three most common health requirements were that the attendant test negative for tuberculosis, be able to perform the services in the plan of care, and be "free of communicable disease." Other health requirements included passing a physical examination, meeting an established minimum level of physical ability (e.g., be able to lift a certain weight or stand for a certain time), or passing a drug test. Some sets of requirements, most of which applied to the consumer-directed model, allowed attendants to self-certify that their health condition was sufficient to provide the services outlined in the beneficiary's plan of care. Overall, a higher percentage of the requirement sets for the agency-directed model included health requirements than the consumer-directed models.[18]

[18] A health requirement was included in 34 of the 80 consumer-directed requirement sets, and in 113 of the 170 agency-directed requirement sets.

Table 9: Attendant Health Requirements		
		Number of Requirement Sets
Any Health Requirement*		**162**
	Test negative for tuberculosis	90
	Able to perform services in plan of care	41
	Free of communicable disease	36
	Pass a physical exam	24
	Meet minimum level of physical ability	23
	Test negative for substance/drug abuse	5
No Health Requirement		**139**
*These categories are not mutually exclusive; a single requirement set may contain more than one of the requirements listed.		

Source: OIG analysis of interview data, 2006.

Literacy or educational requirements were included in 125 of the 301 requirement sets

As illustrated in Table 10, in 109 requirement sets attendants were required to meet a variety of literacy standards (e.g., attendant must be able to read and write adequately to follow instructions or to keep records). Twenty-four sets of requirements required attendants to have a General Education Diploma (GED) or high school diploma. Three requirement sets required attendants to have completed the 10th grade; one requirement set required attendants to have completed the 8th grade.

Other requirements were included in 128 of the 301 requirement sets

Some requirement sets included additional requirements other than the six that have been discussed. In 23 of these requirement sets, attendants were required to be either a CNA or a home health aide, or to have a Homemaker/Personal Care Service Provider certification issued by the State. Seventeen requirement sets mandated that attendants be able to communicate with the beneficiary and/or supervisory staff. Other requirements also included that attendants pass a competency test or have previous experience providing personal care or home health services; have the skills, knowledge, and abilities necessary to perform the services needed; be able to meet the needs of the beneficiary; be mature and sympathetic; have a Social Security

number; have an identification card; be a U.S. citizen; or meet State motor vehicle requirements if providing transportation.

Most States monitored compliance with attendant requirements on two levels

Most States reported using a two-level process for oversight of attendant requirements. At the first level, States delegated responsibility for ensuring that attendants met requirements to some entity other than the State (e.g., agency, consumer, case manager). At the second level, the State retained direct responsibility by ensuring that the entities with primary responsibility fulfilled their oversight duties.

Forty-eight of the fifty States with attendant requirements reported delegating to an entity other than the State some responsibility for ensuring that attendants met requirements.[19] Delegated responsibilities most often fell to the agencies that employed or contracted with attendants. In the consumer-directed model, States often delegated primary responsibility for oversight to the beneficiary, fiscal agent, case manager, or an RN. In some instances, the entity responsible varied based on the specific requirements. For example, the States may have delegated responsibility to agencies for ensuring that attendants met training, age, and health requirements, but the State retained primary responsibility for ensuring that attendants met background check requirements. Three States utilized a central point or unit to conduct background checks. Some States utilized the same entities for oversight throughout the State, while in other States the entities differed among the requirement sets.

Forty-seven of the fifty States with attendant requirements reported providing some type of direct oversight to the agencies, fiscal agents, independent providers, or beneficiaries. Most States provided oversight by conducting audits or reviews. However, the scope of the audits or reviews varied based on which office within the State conducted them (e.g., Medicaid State agency, Department of Aging Services, Office of Health Quality). Further, while a few States reviewed 100 percent of attendant personnel records during the audits or reviews, most States

[19] Iowa and Nebraska retained State responsibility for ensuring that attendants met requirements.

used a variety of sampling techniques to select the records they would review. The frequency of the audits or reviews also varied, ranging from once every 5 years to twice per year. Three States reported not conducting audits or reviews.[20] Of these three States, one utilized the agency licensing process to provide oversight and required that documentation of attendants meeting requirements be maintained. A second State that provided services through managed care delegated the oversight of both agencies and beneficiaries to the managed care organization in that State. The third State reported that it did not have a review process but required the agencies to maintain documentation in the event a review was conducted.

[20] Arkansas, Arizona, and Minnesota.

CONCLUSION

States have established multiple sets of attendant requirements that often vary among programs and by delivery models within programs, resulting in 301 sets of attendant requirements nationwide. Four consumer-directed programs had no attendant requirements. While no Federal requirements exist regarding attendant qualifications, the State Medicaid Manual requires States to develop such requirements and offers examples of requirements States may establish. In response, States have established attendant requirements that commonly include background checks, training, supervision, age, health, and literacy or education, but States define these requirements differently. Contributing factors to variations in attendant requirements may be (1) difficulties in balancing the need to ensure that attendants are qualified with the competing need to ensure that a sufficient pool of attendants is available, and (2) the struggle to balance beneficiary protections with consumer choice (i.e., more vulnerable beneficiaries may benefit from more stringent attendant requirements, while other beneficiaries believe that attendant requirements restrict their choices about how their services are provided).

The variations in requirements and the administration of programs by different State agencies and departments made capturing complete information about requirements challenging. Oversight of the requirements is similarly delegated to different areas of State governments. These circumstances may make it difficult for States to ensure that attendant requirements are met. More consistent attendant requirements, less fragmentation in program administration, or some level of standardization within States may make monitoring attendant requirements less cumbersome and enhance quality assurance. The information presented here will be useful to CMS and States in assessing variations in attendant requirements and serve as a foundation for future evaluations of Medicaid personal care and other home and community-based services.

APPENDIX A: GLOSSARY

Activities of daily living	Activities such as eating, bathing, dressing, toileting, transferring, and maintaining continence.
Agency direction	A delivery model in which a home health, personal care, or other licensed agency employs and pays attendants.
Consumer direction	A delivery model in which the consumer retains varying levels of responsibility for hiring, scheduling, training, and paying attendants. Employment and payment arrangements vary within this delivery model, and the arrangements can include attendants: (1) directly employed and paid by consumers, (2) employed by consumers and paid by another source (e.g., fiscal agent, home health or personal care services agency, Medicaid State agency), or (3) employed and paid by another source, but for whom consumers retain some level of responsibility.
Delivery model	The arrangements a State chooses to employ and pay personal care attendants. See also agency direction, consumer direction, and independent providers.
Fiscal agent	An outside organization responsible for the fiscal duties of another party. In the context of personal care, a fiscal agent is a third party that processes payments to personal care providers for the State. Fiscal agents may also act as the employer of record in programs using the consumer-directed model, handling worker's compensation, payroll taxes, and other such duties for attendants.
Home and Community-Based Services (HCBS) waiver	See 1915(c) waiver.
Independent providers	A delivery model in which providers bill the State directly for services rendered to beneficiaries.
Instrumental activities of daily living	Activities such as personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, and money management.
Medicaid waiver	Allows certain portions of Title XIX of the Social Security Act (Medicaid requirements) to be waived. See also 1115 waiver, 1915(a) waiver, 1915(b) waiver, and 1915(c) waiver.

APPENDIX A: GLOSSARY

Personal care services	Services related to the performance of the activities of daily living and the instrumental activities of daily living. Personal care services do not include skilled services that may be performed only by a health professional (e.g., home health aide services, physical therapy, occupational therapy, and speech and language therapy).
Personal care service agency	An agency established solely for the purpose of providing personal care services.
Program type	The authority through which a State offers personal care services in its Medicaid program. See also State plan and Medicaid waiver.
Requirement set	Any combination of background checks, training, supervision, age, health, literacy or education, or any other requirements established for personal care service attendants in a program.
State plan	The document that defines how each State will operate its Medicaid program. The State plan addresses the areas of State program administration, Medicaid eligibility criteria, service coverage, and provider reimbursement.
1115 Demonstration waiver	Section 1115 of the Social Security Act provides the Secretary of Health and Human Services broad authority to authorize experimental, pilot, or demonstration projects likely to assist in promoting the objectives of the Medicaid statute. Provides sufficient flexibility to allow States to test substantially new ideas of policy merit. Some States expand eligibility to individuals not otherwise eligible under the Medicaid program, provide services that are not typically covered, or use innovative service delivery systems. Section 1115 demonstration projects are generally approved to operate for a 5-year period, and States may submit renewal requests to continue the project for additional periods. Demonstrations must be "budget neutral" over the life of the project, meaning they cannot be expected to cost the Federal Government more than the services would cost without the waiver.[21]
1915(a) Waiver	Waives requirement for benefits to be provided statewide and grants authority for States to establish voluntary Medicaid managed care programs.

[21] Available online at http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/03_Research&DemonstrationProjects-Section1115.asp#TopOfPage. Accessed on June 8, 2006.

1915(b) Waiver	A managed care/freedom of choice waiver under Section 1915(b) of the Social Security Act. It grants authority to operate programs that affect the delivery system of some or all of the individuals eligible for Medicaid in a State by allowing the State to implement mandatory enrollment of beneficiaries into managed care programs, or to "carve out" delivery systems for specialty care, such as behavioral health care. Section 1915(b) waiver programs do not have to be operated statewide. They may not be used to expand eligibility to individuals not eligible under the approved Medicaid State plan. States also have the option to use savings achieved by using managed care to provide additional services to Medicaid beneficiaries not typically provided under the State plan.
1915(b/c) Waiver	Through waivers under Sections 1915(b) and 1915(c) of the Social Security Act, States may provide a continuum of services to disabled and/or elderly populations, using 1915(b) authority to limit freedom of choice, and using 1915(c) authority to target eligibility for the program and provide home and community-based services. This allows States to provide long-term care and HCBS services in a managed care environment or using a limited pool of providers.
1915(c) Waiver	Through HCBS waivers under Section 1915(c) of the Social Security Act, States may provide a combination of both traditional medical services (i.e., dental services, skilled nursing services) and nonmedical services (i.e., respite, case management, or environmental modifications) in a beneficiary's home or community. State Medicaid agencies determine the populations eligible to receive HCBS services, the areas in the State where the services will be provided, and the number of beneficiaries who will be served through a waiver. State Medicaid agencies are ultimately responsible for HCBS waiver programs, but may delegate the day-to-day operation to another entity. HCBS waivers are initially approved for 3 years and subsequently renewed every 5 years.[22] The number of services that can be provided under an HCBS waiver program is not limited.

[22] Available online at http://www.cms.hhs.gov/MedicaidStWaivProgDemoPGI/05_HCBSWaivers-Section1915(c).asp#TopOfPage. Accessed on June 8, 2006.

APPENDIX B

Overview of Requriements by Program and Delivery Model								
State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
AK	State Plan	Agency	•	•	•	•	•	
		Consumer	•	•	•	•		
AL	Waiver 1	Agency	•	•		•	•	•
	Waiver 2	Agency	•	•		•	•	•
	Waiver 3	Agency	•	•	•	•	•	•
	Waiver 4	Agency	•	•		•	•	•
	Waiver 5	Agency	•	•		•	•	•
	Waiver 6	Agency	•	•	•	•	•	•
AR	State Plan	Agency		•	•	•		
	Waiver 1	Consumer	•		•		•	•
	Waiver 2	Agency		•	•	•		
	Waiver 3	Agency	•	•		•	•	•
	Waiver 4	Consumer			•	•	•	•
AZ	Waiver 1	Agency & Consumer	•	•		•		
CA	State Plan	Agency & Consumer	•		•		•	
	Waiver 1	Agency	•		•		•	•
	Waiver 2	Consumer			•	•		
	Waiver 3	Consumer			•	•		
	Waiver 4	Agency & Consumer	•		•			
CO	Waiver 1	Agency		•		•		
	Waiver 2	Agency		•		•		
	Waiver 3	Agency		•		•		
	Waiver 4	Agency		•		•		
	Waiver 5	Agency & Independent	•	•				
	Waiver 6	Agency & Independent	•	•				
	Waiver 7	Consumer	•	•				
CT	Waiver 1	Consumer			•		•	
	Waiver 2	Agency	•	•	•	•		
		Consumer	•	•	•	•		•
	Waiver 3	Consumer			•		•	
	Waiver 4	Agency	•	•	•	•		•
		Consumer	•	•	•	•		
DC	State Plan	Agency	•	•	•	•	•	•
	Waiver 1	Agency	•	•	•	•	•	•
	Waiver 2	Agency	•	•	•	•	•	•
DE	Waiver 1	Agency	•	•		•	•	•
	Waiver 2	Agency	•	•		•	•	•

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State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
FL	State Plan	Agency	•	•		•	•	
	Waiver 1	Agency	•	•	•	•	•	•
	Waiver 2	Agency	•	•		•		
	Waiver 3	Consumer	•					
	Waiver 4	Agency	•					
	Waiver 5	Agency	•	•	•	•		•
	Waiver 6	Agency	•	•	•	•	•	•
	Waiver 7	Agency	•	•	•	•	•	•
	Waiver 8	Agency	•	•		•		
	Waiver 9	Agency & Independent	•	•	•			•
	Waiver 10	Agency	•	•	•	•	•	•
	Waiver 11	Agency	•					
	Waiver 12	Agency	•	•	•	•	•	•
GA	Waiver 1	Agency	•	•		•	•	
	Waiver 2	Agency	•	•		•	•	
	Waiver 3	Agency	•	•		•	•	
	Waiver 4	Agency	•	•		•	•	
	Waiver 5	Agency	•	•		•	•	
HI	Waiver 1	Agency	•	•		•	•	
		Consumer			•			•
	Waiver 2	Agency	•	•		•	•	
		Consumer			•			•
	Waiver 3	Agency	•	•		•	•	
		Consumer			•			•
	Waiver 4	Agency	•	•		•	•	
		Consumer			•			•
IA	Waiver 1	Agency	•		•			
		Independent			•			
	Waiver 2	Agency	•		•			
		Independent			•			
	Waiver 3	Agency	•		•			
		Independent			•			
	Waiver 4	Agency	•		•			
		Independent			•			
	Waiver 5	Agency	•		•			
		Independent			•			
	Waiver 6	Agency	•		•			
		Independent			•			
ID	State Plan	Agency & Consumer	•		•	•	•	
	Waiver 1	Agency & Consumer	•		•	•	•	
	Waiver 2	Agency & Consumer	•		•	•	•	

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State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
IL	Waiver 1	Agency	•	•			•	•
		Consumer	•		•		•	
	Waiver 2	Agency	•	•			•	•
		Consumer	•		•		•	
	Waiver 3	Agency	•	•			•	•
		Consumer	•		•		•	
	Waiver 4	Agency	•	•				
		Consumer			•			
	Waiver 5	Agency	•	•				•
IN	Waiver 1	Agency	•	•	•		•	
	Waiver 2	Agency	•	•	•		•	•
	Waiver 3	Agency	•	•	•		•	
	Waiver 4	Agency	•	•	•		•	•
	Waiver 5	Agency	•	•	•		•	•
	Waiver 6	Agency	•	•	•		•	•
KS	Waiver 1	Agency			•		•	
		Consumer			•			
	Waiver 2	Agency			•		•	
		Consumer			•			
	Waiver 3	Agency			•		•	
		Consumer			•			
	Waiver 4	Agency	•	•	•		•	
		Consumer	•		•			
KY	Waiver 1	Agency	•	•		•	•	•
	Waiver 2	Agency	•	•	•	•	•	•
LA	State Plan	Agency	•	•	•	•		•
	Waiver 1	Agency	•	•	•	•		•
		Consumer	•	•	•			
	Waiver 2	Agency	•	•	•	•		•
MD	State Plan	Agency	•		•	•	•	•
		Independent	•		•	•	•	•
	Waiver 1	Agency, Consumer & Independent	•	•	•	•		•
	Waiver 2	Agency	•	•				
	Waiver 3	Agency, Consumer & Independent	•	•	•	•		•
ME	State Plan	Agency	•	•		•		
		Consumer	•		•	•		
	Waiver 1	Consumer	•	•		•		
	Waiver 2	Agency	•	•	•	•		
	Waiver 3	Consumer	•	•		•		

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State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
MI	State Plan	Agency & Consumer			•	•		
	Waiver 1	Agency	•	•		•		
MN	State Plan	Agency	•	•	•	•	•	
	Waiver 1	Agency	•	•	•	•	•	
	Waiver 2	Agency	•	•	•	•	•	
	Waiver 3	Agency	•	•	•	•	•	
	Waiver 4	Agency	•	•	•	•	•	
	Waiver 5	Agency	•	•	•	•	•	
	Waiver 6	Agency	•	•	•	•	•	
	Waiver 7	Agency	•	•	•	•	•	
	Waiver 8	Agency	•	•	•	•	•	
MO	State Plan	Agency	•	•	•	•		•
		Consumer	•			•		
	Waiver 1	Agency	•	•	•	•		•
		Consumer	•			•		
	Waiver 2	Agency	•	•	•	•		•
	Waiver 3	Agency	•	•	•	•		•
		Consumer	•			•		
	Waiver 4	Agency	•	•	•	•	•	
		Consumer	•	•	•			
	Waiver 5	Agency	•	•	•	•	•	
		Consumer	•	•	•			
	Waiver 6	Consumer	•			•		
	Waiver 7	Agency	•	•	•	•	•	
		Consumer	•	•	•			
MS	Waiver 1	Consumer		•	•		•	•
	Waiver 2	Agency	•	•	•	•	•	•
	Waiver 3	Consumer		•	•	•	•	•
MT	State Plan	Agency		•	•	•		•
		Consumer			•	•		
	Waiver 1	Agency	•	•	•			•
	Waiver 2	Agency		•	•	•		•
		Consumer			•	•		
	Waiver 3	Agency	•	•	•			•
NC	State Plan	Agency	•	•		•	•	
	Waiver 1	Agency	•	•	•	•	•	
	Waiver 2	Agency	•	•		•	•	
	Waiver 3	Agency	•	•	•	•	•	
	Waiver 4	Agency	•	•		•	•	
	Waiver 5	Consumer	•		•	•		
	Waiver 6	Agency	•	•		•	•	

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State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
ND	Waiver 1	Agency	•	•		•		
	Waiver 2	Agency & Independent	•		•		•	
	Waiver 3	Agency & Independent	•		•		•	
NE	State Plan	Consumer	•		•		•	
NH	Waiver 1	Agency & Consumer	•	•	•	•	•	
	Waiver 2	Agency	•	•		•	•	
		Consumer	•	•	•			
	Waiver 3	Agency & Consumer	•	•	•	•	•	
	Waiver 4	Agency & Consumer	•	•	•	•	•	
NJ	State Plan	Agency	•	•		•	•	
	Waiver 1	Consumer			•	•		
	Waiver 2	Agency	•	•		•	•	
	Waiver 3	Agency	•	•		•	•	
	Waiver 4	Agency	•	•		•	•	
	Waiver 5	Agency	•	•		•	•	
	Waiver 6	Agency	•	•		•	•	
NM	State Plan	Agency	•	•	•		•	
		Consumer	•		•		•	
	Waiver 1	Agency	•	•	•	•	•	•
NV	State Plan	Agency & Consumer	•	•		•	•	•
	Waiver 1	Agency & Consumer	•	•		•	•	•
NY	State Plan	Agency	•	•		•	•	•
		Consumer	•				•	•
	Waiver 1	Agency	•	•		•	•	•
OH	Waiver 1	Consumer	•	•	•	•		
	Waiver 2	Agency	•		•	•		
		Independent	•	•	•			
	Waiver 3	Agency	•	•		•		•
	Waiver 4	Agency	•	•	•	•		
		Independent	•	•	•	•		
	Waiver 5	Agency	•		•	•		
		Independent	•	•	•			
	Waiver 6	Agency	•	•	•	•		
		Independent	•	•	•	•		
OK	State Plan	Agency		•	•	•	•	
	Waiver 1	Agency	•	•	•	•	•	

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State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
OR	State Plan	Agency	•	•	•	•		
		Consumer	•	•	•	•	•	•
	Waiver 1	Consumer	•		•	•		
	Waiver 2	Consumer	•		•	•	•	•
	Waiver 3	Agency	•	•	•	•		
		Consumer	•	•	•	•	•	
	Waiver 4	Consumer	•		•	•	•	
	Waiver 5	Consumer	•		•		•	
	Waiver 6	Consumer	•		•		•	
PA	Waiver 1	Agency & Consumer	•	•	•			•
	Waiver 2	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 3	Agency & Consumer	•	•	•			•
	Waiver 4	Agency	•	•	•	•	•	•
		Consumer	•	•	•	•		•
	Waiver 5	Agency & Consumer	•	•	•			•
	Waiver 6	Agency & Consumer	•	•	•	•	•	•
	Waiver 7	Agency	•	•	•	•	•	•
RI	Waiver 1	Agency	•	•		•		
	Waiver 2	Agency	•	•		•		
	Waiver 3	Agency	•	•		•		
	Waiver 4	Agency	•	•		•		
SC	State Plan	Agency		•	•	•	•	•
	Waiver 1	Agency		•	•	•	•	•
		Consumer		•	•	•	•	•
	Waiver 2	Agency		•	•	•	•	•
		Consumer		•	•	•	•	•
	Waiver 3	Agency	•	•	•	•	•	•
		Consumer		•	•	•	•	•
	Waiver 4	Agency		•	•	•	•	•
		Consumer		•	•	•		•
	Waiver 5	Agency		•	•	•	•	•
		Consumer		•	•	•	•	•
	Waiver 6	Agency		•	•	•	•	•
SD	State Plan	Agency		•				
	Waiver 1	Agency	•	•			•	•
	Waiver 2	Agency & Consumer		•	•			
TN	Waiver 1	Agency	•	•	•	•	•	•
	Waiver 2	Agency	•	•	•	•	•	•
	Waiver 3	Agency	•	•	•	•	•	
	Waiver 4	Agency	•	•		•	•	•
	Waiver 5	Agency	•	•		•	•	•
	Waiver 6	Agency & Consumer	•	•	•	•	•	•

State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
TX	State Plan	Agency	•	•	•	•	•	
		Consumer	•	•	•	•		
	Waiver 1	Agency	•	•	•	•	•	
		Consumer	•	•	•	•		
	Waiver 2	Agency	•	•	•	•	•	
		Consumer	•	•	•	•		
	Waiver 3	Agency	•	•	•	•		
	Waiver 4	Agency	•	•	•			•
	Waiver 5	Agency	•	•	•			•
	Waiver 6	Agency	•	•	•	•		
		Consumer	•	•	•	•		
	Waiver 7	Agency	•	•	•	•		
	Waiver 8	Agency & Consumer	•	•	•		•	
UT	State Plan	Agency & Consumer	•	•	•	•		•
		Agency	•	•	•	•	•	
	Waiver 1	Consumer	•	•	•	•		•
	Waiver 2	Consumer	•	•	•	•		•
	Waiver 3	Consumer	•	•	•	•		•
VA	Waiver 1	Agency	•	•	•	•	•	•
		Consumer	•		•	•	•	•
	Waiver 2	Agency	•	•	•	•	•	•
		Consumer	•		•	•	•	•
	Waiver 3	Agency	•	•	•	•	•	•
		Consumer	•		•	•	•	•
	Waiver 4	Agency		•				
	Waiver 5	Agency	•	•		•	•	•
		Consumer	•		•	•	•	•
VT	State Plan	Consumer	•		•			
		Agency & Consumer	•		•			
	Waiver 1	Agency		•	•	•		
		Consumer	•	•	•	•		
WA	State Plan	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 1	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 2	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 3	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 4	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 5	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•
	Waiver 6	Agency	•	•	•		•	•
		Consumer	•	•	•		•	•

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State	Program	Delivery Model(s)	Background Check	Training	Age	Supervision	Health	Literacy/ Education
WI	State Plan	Agency		•		•	•	
	Waiver 1	Agency		•		•	•	
	Waiver 2	Agency & Consumer	•	•	•	•		
	Waiver 3	Agency & Consumer	•	•	•	•		
	Waiver 4	Agency & Consumer	•	•	•	•		
	Waiver 5	Agency & Consumer	•	•	•	•		
	Waiver 6	Agency & Consumer	•	•	•	•		
	Waiver 7	Agency & Consumer	•	•	•	•		
	Waiver 8	Agency & Consumer	•	•	•	•		
	Waiver 9	Agency & Consumer	•	•	•	•		
	Waiver 10	Agency & Consumer	•	•	•	•		
	Waiver 11	Agency		•		•	•	
	Waiver 12	Agency		•		•	•	
WV	State Plan	Agency	•	•		•		
WY	Waiver 1	Agency & Consumer	•	•	•			
	Waiver 2	Agency	•	•		•	•	•
		Consumer	•		•			
	Waiver 3	Agency & Consumer	•	•	•			
	Waiver 4	Agency & Consumer	•	•	•			

This table shows the 301 requirement sets we identified. Four programs are not included: Colorado, Massachusetts, New Hampshire, and Rhode Island each had one program utilizing a consumer-directed delivery model that had no attendant requirements. In Massachusetts, the program without requirements is the only program providing personal care.

Source: OIG analysis of interview data, 2006.

APPENDIX C

Distribution of Requirements Within Requirement Sets

State	Programs	Requirement Sets	Number of Requirement Sets Including Each Requirement						
			Background	Training	Age	Supervision	Health	Literacy/ Education	Other*
AK	1	2	2	2	2	2	1	0	0
AL	6	6	6	6	2	6	6	6	1
AR	5	5	2	3	2	4	3	5	2
AZ	1	1	1	1	0	1	0	0	0
CA	5	5	3	0	5	2	2	1	2
CO	8	7	3	7	0	4	0	0	2
CT	4	6	4	4	6	4	2	2	2
DC	3	3	3	3	3	3	3	3	3
DE	2	2	2	2	0	2	2	2	0
FL	13	13	13	10	7	9	6	7	5
GA	5	5	5	5	0	5	5	0	0
HI	4	8	4	4	4	4	4	4	8
IA	6	12	6	0	12	0	0	0	12
ID	3	3	3	0	3	3	3	0	1
IL	5	9	8	5	4	0	6	4	3
IN	6	6	6	6	6	0	6	4	1
KS	4	8	2	1	8	0	4	0	2
KY	2	2	2	2	1	2	2	2	0
LA	3	4	4	4	4	3	0	3	3
MA	1	0	0	0	0	0	0	0	0
MD	4	5	5	3	4	4	2	4	2
ME	4	5	5	4	2	5	0	0	1
MI	2	2	1	1	1	2	0	0	0
MN	9	9	9	9	9	9	9	0	0
MO	8	14	14	10	10	11	3	4	0
MS	3	3	1	3	3	2	3	3	2
MT	4	6	2	4	6	4	0	4	2
NC	7	7	7	6	3	7	6	0	0
ND	3	3	3	1	2	1	2	0	2
NE	1	1	1	0	1	0	1	0	0
NH	5	5	5	5	4	4	4	0	3
NJ	7	7	6	6	1	7	6	0	6
NM	2	3	3	2	3	1	3	1	1
NV	2	2	2	2	0	2	2	2	0
NY	2	3	3	2	0	2	3	3	3
OH	6	10	10	8	9	8	0	1	4
OK	2	2	1	2	2	2	2	0	0
OR	7	9	9	4	9	7	6	2	5
PA	7	9	9	9	9	4	5	9	1
RI	5	4	4	4	0	4	0	0	4
SC	7	12	1	12	12	12	11	12	7
SD	3	3	1	3	1	0	1	1	1
TN	6	6	6	6	4	6	6	5	4
TX	9	13	13	13	13	10	4	2	1
UT	4	5	5	5	5	5	1	4	0
VA	5	9	8	5	7	8	8	8	4
VT	2	4	3	1	3	2	0	2	0
WA	7	14	14	14	14	0	14	14	14
WI	13	13	9	13	9	13	4	0	13
WV	1	1	1	1	0	1	0	0	0
WY	4	5	5	4	4	1	1	1	1
Total:	238	301	245	227	219	198	162	125	128

*See page 16 of the report for a description of other requirements.

Source: OIG analysis of interview data, 2006.

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This report was prepared under the direction of Brian T. Pattison, Regional Inspector General for Evaluation and Inspections in the Kansas City regional office, and Gina C. Maree, Deputy Regional Inspector General. Other principal Office of Evaluation and Inspections staff who contributed include:

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