

*Comparison of Rates and Requirements for Personal Care Services for the Elderly in Select States  
prepared for Help at Home*

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<b>Program</b>	<b>1915(c) Aged &amp; Disabled Waiver</b>	<b>1915(c) Persons with Disabilities Waiver</b>	<b>1915(c) Persons Who Are Elderly Waiver</b>	<b>1915(c) PA Community HealthChoices Waiver with a concurrent 1915(b) for MLTSS</b>	<b>1915(k) Community First Choice State Plan Option HCBS<sup>i</sup></b>	<b>1915(c) Elderly and Adults with Disabilities Waiver</b>	<b>1115 Texas Healthcare Transformation and Quality Improvement Program</b>
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<b>Description</b>	Non-skilled assistance with ADLs	General household activities including meal preparation and routine household care when the consumer is unable to manage the homecare for themselves	General household activities including meal preparation and routine household care when the consumer is unable to manage the homecare for themselves	Care to assist with ADLs, cueing to prompt the participant to perform a task, providing supervision to assist a participant who cannot be safely left alone, and accompanying the participant into the community for purposes related to PAS including support to enable the participant to work	Assistance with ADLs and IADLs, health related tasks, and observation and redirection of behavior	Assistance with ADLs	Assistance with the performance of ADLs and household chores necessary to maintain the home in a clean, sanitary, and safe environment

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<b>Agency Rate (per hour)</b>	\$23.28	\$26.92	\$26.92	Regionally based rates: <ul style="list-style-type: none"> <li>• Region 1: \$19.32</li> <li>• Region 2: \$21.48</li> <li>• Region 3: \$20.20</li> </ul>	\$19.60	\$32.60	Rates vary based on recipient priority level (non-priority or priority) and a participant level that ranges from 0 (nonparticipant) to 35. Rates increase by cents on the dollar as the level increases, the highest rate is \$13.10 per hour for non-priority and \$13.32 for priority.

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<p><b>Key Rate Assumptions</b></p>	<p>DSP wage assumption of \$11.80 per hour, 19 percent for employee benefits, and 9 percent for productivity, which implies a total DSP cost of about \$15.10 or 65 percent of the total rate  25 percent for administration and 6 percent for program support, (though it is not clear if these percentages are of the total rate or of direct costs)</p>	<p>Provider must spend a minimum of 77 percent of the total rate on direct service worker costs, including wages; payroll taxes, unemployment insurance, and workers' compensation; paid time off; health, life, and disability insurance; retirement contributions; uniforms; and travel time and travel reimbursement  Note: Original 73 per threshold implemented in 1987 based on stakeholder working group recommendations; increased to 77 percent in 2008 in line with min wage and other rate increases.</p>	<p>Provider must spend a minimum of 77 percent of the total rate on direct service worker costs, including wages; payroll taxes, unemployment insurance, and workers' compensation; paid time off; health, life, and disability insurance; retirement contributions; uniforms; and travel time and travel reimbursement  Note: Original 73 percent threshold implemented in 1987 based on stakeholder working group recommendations; increased to 77 percent in 2008 in line with min wage and other rate increases.</p>	<p>The waiver services are billed through a managed care entity.</p>	<p>Provider must use a minimum of 72.5 percent of payments for CFSS for support worker wages and benefits, except all revenue generated by a rate increase due to a collective bargaining agreement under section 179A.54 must be used for support worker wages and benefits. Revenue generated by the worker training and development services and the reasonable costs associated with the worker training and development services must not be used in making this calculation.</p>	<p>Original 2016 rate model included 80 percent of the total rate for direct care staff wages and benefits (inclusive of non-billable productivity adjustments); rate has been increased several times since 2016 due to legislative direction (including a requirement that all rates support a wage of at least 125 percent of the minimum wage), but no updated rate models have been published</p>	<p>A personal attendant base wage is approved by the Legislature. The base wage as of January 1, 2022, is \$8.11 per hour.</p>
<p><b>Direct Care Worker Requirements (excludes minimum age, generic competencies)</b></p>		<p>Knowledge and skill equivalent to a high school diploma  Minimum of 12 hours of annual</p>	<p>High school diploma or GED or one year of relevant work experience  24 hours of preservice training (waived in certain</p>	<p>Complete training or demonstrate competency by passing a test  Training is required, no specific hour</p>	<p>Complete a CFSS certification course and pass a competency test</p>	<p>Hold a valid certificate of training for nursing assistant, nursing aide, or home health aide training; or hold a valid certificate of training as a personal support</p>	<p>Demonstrate competency when competency cannot be determined through education and experience</p>

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		training on state-approved topics	circumstances, such as having CNA training) Minimum of 12 hours of annual training on state-approved topics	expectation is included in the regulation		specialist/personal care assistant issued as a result of passing the competency-based examination	

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<b>Medical-Related Supports</b>	No medication administration Cannot assist with catheter or ostomy care		No medication administration (only assisting with self-administration)	Health maintenance activities provided for the participant, such as bowel and bladder routines, ostomy care, catheter, wound care, and range of motion as indicated in the individual's service plan and permitted  Assistance and implementation of prescribed therapies	Health-related procedures and tasks that can be delegated or assigned by a health care professional licensed under Minnesota state law, including assistance with self-administered medications, interventions for seizure disorders, range-of-motion and passive exercise, clean tracheostomy suctioning, and ventilator support	No medication administration (only assisting with self-administration)	Assistance with self-administration of medication which includes any ancillary aid provided to a client in the client's self-administered medication or treatment regimen.

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<b>Transportation</b>	Covers transporting individuals to non-medical, community activities; mileage payments and other transportation costs are not included		Services may include transportation to medical facilities essential shopping, or client business	Non-medical transportation services are allowed but must be billed separately and not while personal assistance services are billed	Community transportation is allowed, but transportation costs are billed separately	Transportation services are provided and billed through a broker	

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<b>Operations</b>		Must have an established local presence Must have procedures to cover unexpected absences and emergencies	Must have a physical facility in each area they serve (or in a neighboring area)	Have a waiver service location in Pennsylvania or a contiguous state	CFSS agencies are classified as moderate to high risks for fraud, waste, or abuse; agencies are required to have pre- and post-enrollment site visits by OIG to verify the accuracy of enrollment information		An agency's place of business must be in Texas and have an address in Texas

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<b>Supervision Requirements</b>		<p>Minimum of one FTE supervisor for every 20 FTE DCWs</p> <p>Supervisors must have a relevant bachelor’s degree or a high school diploma and two years of relevant experience</p> <p>Weekly supervision conferences with DCWs</p> <p>Annual evaluation for each DCW</p> <p>Semi-annual reporting of supervisory visit with each consumer</p>	<p>Supervisors must receive 24 hours of annual training on aging-related topics</p> <p>Supervisors must be able to provide a response within 15 minutes when a DCW needs assistance</p> <p>Annual evaluation for each DCW</p>		<p>Evaluations within 30 days of the worker beginning to deliver services.</p> <p>Documentation of annual performance reviews</p>		<p>A supervisor must be a licensed nurse or have completed two years of full-time study. An individual with a high school diploma or GED may substitute years of full-time employment in a supervisory capacity in the healthcare field for years of education</p> <p>Provide orientation for attendants</p> <p>Annual evaluations</p>



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<p><b>Management Requirements</b></p>		<p>ED or Administrator must have a relevant bachelor's degree (relevant experience can substitute on a one-to-one basis); licensure as an RN; or certification as a home health care or medical clinic administrator</p>			<p>Qualified Professionals (QPs) are required to supervise services. A QP must be a RN, LCSW, meet state MH professional standards or meet state standards as qualified designated coordinator</p> <p>Newly hired QPs must complete the required PCA training and competency test within 6 months</p>	<p>Maine has few requirements for personal care agencies. A recent Legislative report calls for strengthening oversight and the administrative process for establishing a personal care agency, among other recommendations.</p>	<p>Presurvey training required for the administrator, alternate administrator and nursing supervisor before an application can be submitted</p> <p>Administrator must have a high school diploma or GED and at least one year of experience caring for an individual with disabilities, or have completed two years of college in a health related field, or meet the requirements to be an administrator of a home health or hospice agency</p> <p>A first time administrator must complete 24 hours of training in the administration of an agency before the end of their first year of employment</p> <p>All administrators must complete 12</p>
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							hours of continuing education each year
<b>Surveys/Quality Improvement Activities</b>	Agency must conduct a client satisfaction survey in person or by phone every 76-104 days		Annual staff and community agency surveys	The Department will monitor a provider once every two years (52.22)  Providers are required to develop and annually update Quality Management Plans (QMP) (52.22)			
<b>Licensing</b>	\$250 initial and annual licensing fees per agency	\$1,500 licensing fee for home services agencies	\$1,500 licensing fee for home services agencies	\$100 initial and renewal fee	\$688 fee for 2023  Renewal every three years	\$25 initial and annual fee	\$2,625 initial and every three years to renew the license

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<b>Insurance</b>		Insurance in the amounts of at least \$15,000 per person bodily injury, \$30,000 minimum per occurrence, and \$10,000 in property damage, per occurrence, if the employee will be expected to transport customers in the course of his/her work.	General liability insurance in the single limit minimum amount of \$1,000,000 per occurrence, \$3,000,000 in the aggregate.	Have general liability insurance Have professional liability errors and omissions insurance (Specific coverage amounts not located)	Liability insurance Fidelity bond in the amount of \$20,000 \$50,000 surety bond for first time enrolling providers or providers with payments under \$300,000 in the prior year \$100,000 surety bond for providers with payments greater than \$300,000		

## **Documents Reviewed**

### **Indiana**

- 1915(c) Aged & Disabled waiver - IN.0210.R06.10
- IDOH Initial Application for License to Operate a Personal Services Agency
- IC 16-27-4 Licensure of Personal Service Agencies

### **Illinois**

- 1915(c) Persons with Disabilities -- IL.0142.R07.05
- 89 Il. Adm. code 686.200
- 1915(c) Persons who are Elderly Waiver -- IL.043.R07.03
- 89 IL. Adm code 240.1505
- 89 IL. Adm code 240.1510
- 89 IL. Adm Code 240.1520
- 89 IL. Adm Code 240.1525
- 89 IL. Adm Code 240.1530
- 89 IL. Adm Code 240.1535
- 89 IL Section 240.2040
- 89 IL Section 240.2050

### **Pennsylvania**

- 1915(c) PA Community HealthChoices Waiver with a concurrent 1915(b) for MLTSS - PA 0386.R04.12
- Office of Long Term Living Home and Community Based Waiver Services Rates, Effective January 1, 2022 - [OLTL HCBS Rates 1.1.2022.pdf \(pa.gov\)](#)
- 28 Pa. Code Section 611.51
- 55 Pa. Code Section 52.22

### **Minnesota**

- 1915(k) Community First Choice State Plan Option HCBS – Draft
- 256B.85 Community First Services and Supports

### **Maine**

- 1915(c) Elderly and Adults with Disabilities Waiver - ME 0276.R05.06
- Section 19 Fee Schedule for the Home and Community Benefit for Elderly and Adults with Disabilities 2023 - [Section 019 - Home and Community Benefits for the Elderly and for Adults with Disabilities - Publication \(maine.gov\)](#)
- *Review of the Department's Statutory and Regulatory Authority Over Personal Care Agencies; Winter 2002. Submitted by the Department of Health and Human Services pursuant to Resolves 2021, Ch. 117: Resolve, directing the Department of Health and Human Services to conduct a review of rules governing in-home personal care assistance services*

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**Texas**

- 1115 Texas Healthcare Transformation and Quality Improvement Program
- Title 26, Part 1, Chapter 558. Subchapters A through H
- Title 40, Part 1, Chapter 47. Subchapters A through H
- Primary Home Care, Community Attendant Services, Family Care rates effective September 1, 2022

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<sup>i</sup> The Minnesota SPA 1915(k) is pending with CMS. This review is based on the statute directing the state agency to implement the CFSS program and the pending SPA application. Under the SPA, all personal care services will become Community First Support and Supports (CFSS).