

TALKING POINTS -- PERSONAL ASSISTANCE SERVICES

- ◆ **The Clinton Administration has a strong commitment to and has made enormous progress in reducing unnecessary nursing home use and promoting and expanding home and community based services.** For example:
 - Streamlined HCBS waiver application/approval process; in 1997 waiver spending grew by 44%, while nursing home spending only grew by 4.8%;
 - Secretary Shalala issued strong principles on long-term care in 1995, reinforcing our commitment to home and community based care; and
 - Issued revised regulations for Medicaid personal care that will allow much more flexibility and consumer direction.

- ◆ **The President and Vice President met with disability groups in September 1997 to discuss PAS and other issues. As a result, HHS established a Home and Community Based Services Work Group, co-chaired by Bob Williams and Sally Richardson.** The general goals of the group are to study and make recommendations about how to reduce the institutional bias in Medicaid long-term care spending and service delivery to promote home and community-based care, with a particular emphasis on consumer directed services.

- ◆ **The HCBS Work Group has been very active and accomplished a great deal, and is launching a number of new initiatives and reforms that we expect to bear fruit in the coming months.** Among the accomplishments:
 - *Contracted with University of California at San Francisco to conduct an independent study of the institutional bias in Medicaid.* The draft study was reviewed by the Blue Ribbon Panel on PAS, and will be available in final form in the next few weeks. The report contains 75 policy recommendations on Medicaid personal care services, home and community-based waiver services, and home health services. Options can be grouped into four categories: (1) those requiring statutory change, (2) those requiring regulatory change, (3) those which can be accomplished through issuance of guidelines, and (4) those which necessitate a study or convening of a panel of experts on an issue. Roughly 13 recommendations require statutory change, 32 require regulatory change, 13 can be accomplished through manual guidelines, and 42 recommendations require a study or convening of a panel of experts. It is important to note that about one quarter of the recommendations presented by the UCSF team as needed regulatory or statutory, or policy changes are, in fact, things that are already allowable under the Medicaid program. Further, many states are already using Medicaid to offer services that the UCSF team suggests HHS ought to allow them to offer.

A major recommendation was that personal care services should be a mandatory Medicaid service, like nursing home care. While 34 states already provide personal care, and most of the others do so under HCBS waivers, the Administration and Congress are not likely to add new, unfunded Medicaid mandates to Title XIX. However, the Work Group is stepping up technical assistance for states and consumers to ensure that states make maximum use of current flexibility to provide personal care under Medicaid.

The report also includes a series of recommendations to clarify that personal care and home and community based waiver services: can be delivered by live-in caregivers; should not be restricted to in-home supports; should be used to provide respite for caregivers; should be more consumer directed; and several similar options.

Because many of these recommendations are, in fact, policies that are already in place, and many states already use personal care and waivers to provide these services, the *State Medicaid Manual transmittal* on the new personal care regulations will be expanded to clarify that these activities are, indeed, permissible (and have been for a long time). *The SMM transmittal will be completed and sent out in the Fall.*

- *Also, the Work Group is continuing to review the UCSF study, to determine what additional actions can be taken. The focus will be on recommendations which increase program flexibility without increasing program costs and, especially, those which can be accomplished through the issuance of guidelines.*

- *Contracting for Primer on Medicaid home and community based services.* The UCSF report is a strong indicator that many people are unaware of the flexibility that already exists in Medicaid, and current practices in many states. The **Primer** will explain in clear language all that is allowable under the Medicaid long-term care program. It will discuss what flexibility States have under the personal care services option (for example, States can implement consumer-directed personal care services programs) and the HCB waiver program and provide examples of what other States have done. As the Primer is developed, it will be reviewed by consumers and state officials, to ensure that it meets its goals of being easily understood and useful to people in the field. The Work Group expects to disseminate the Primer to states, consumers, providers, and other interested parties by the end of the year. It will include specific suggestions for states, targeted at expanding home and community based services and reducing unnecessary nursing home use. Concrete examples of state innovations will be described.

- ***Continuing to move ahead on the Cash and Counseling demonstration***, to test the possibility of providing consumers with more control over their own PAS by giving them cash, vouchers, or similar vehicles, plus counseling, so they can hire, train, and manage their own service providers.
- ***Conducting a durable medical equipment demonstration*** in collaboration with independent living centers to allow more flexibility in purchasing and budgeting for assistive devices. The announcement seeking proposals for this demonstration was made public in the first week of May.
- ***Recommending legislative change to allow home and community based services to be a state plan option, instead of a waiver.*** The Administration recommended this last year, and will continue to do so.
- ***Drafted announcement for "date certain demonstration."*** HHS is finalizing a solicitation for a grants program to assist States to develop mechanisms to work with individuals and their families prior to admission to a nursing facility to consider community-based alternatives and/or to develop mechanisms to transition individuals currently in nursing facilities to the community if that is their choice. Grant awards will be made by September 30.
- ***Establishing a technical assistance focus, through a contract, to disseminate information and assist states and consumers in efforts to promote the use of home and community based services and consumer directed PAS.*** HHS will award a contract by August to provide assistance and information on model practices and ways to expand and promote home and community based services and minimize reliance on nursing homes. The technical assistance will be provided in the form of written materials, conferences and forums, electronic communications, and other means. HCFA technical assistance to states which are trying to expand HCBS and consumer directed care will continue.
 - One particular focus of the technical assistance efforts will be to ensure that ***information about the Helen L. case is disseminated widely.*** The goal will be to inform states and consumers about the implications of the Third Circuit Court decision that Title II of the ADA requires PAS to be provided in the most integrated setting, and identify activities to raise ADA issues about home and community based services throughout the country.
- ***Contracting for an analysis of the MDS, to increase knowledge about nursing home residents' characteristics,*** to enable states and the federal government to better target efforts to move people out of nursing homes.

The Work Group has completed a study of programs that train people on the welfare rolls to become PAS providers. Work Group members reviewed training programs and developed a list of critical elements of good training programs to prepare welfare workers to be PAS providers. This study will be distributed widely in June. It is currently under review by the Work Group. In the Fall, the Work Group is planning to hold a small meeting of experts in PAS and welfare to discuss future activities.

The Work Group has also been involved in a number of other activities:

- disseminating information from an extensive series of interviews with consumers;
- disseminating to all HCFA regional waiver coordinators and state waiver staff a HCBS waiver manual developed by the Atlanta regional staff;
- posting on the Internet and otherwise disseminating a series of reports on maximizing consumer direction in personal assistance services;
- completing the "Mentoring Project," in which states that are farther along in home and community based care "mentor" states that are not as far ahead;
- finalizing a study of the California In Home Services and Supports program and disseminating the results; and
- stepping up an already active research agenda on HCBS.