

Oversight for Personal Care Services: Key Considerations for Health Plans

Health plans increasingly will be required to provide oversight to a broader range of services as more states contract with health plans for managed long-term services and supports. Oversight often refers to preventing fraud and abuse, which requires ensuring that the services being billed are actually provided. Beyond this minimum, oversight also involves monitoring service quality, and ultimately, coordinating services to support members' goals for maintaining independence and living in the community. Providing oversight of personal care services delivered by direct service workers (DSWs) is often a new activity for health plans. This brief highlights considerations for developing personal care service oversight mechanisms.

Key Considerations

- **Understand vulnerabilities within personal care services.** There are unique oversight issues with coordinating personal care services because these services occur in the home and are often without supervision. Familiarity with the challenges associated with specific services and methods to address these issues may help your plan implement appropriate solutions. For more information, see [The Department of Health and Human Services Office of Inspector General \(OIG\) report](#).
- **Review state-sponsored initiatives.** Your state may have adopted initiatives to support fraud prevention, such as provider enrollment specifications or electronic visit verification (EVV). Some states require DSWs to enroll as Medicaid providers, while others require employment via a personal care agency; both methods aid the state in oversight of DSWs' credentials and hours billed. Some states require participating plans to contract with a specified EVV vendor. A robust EVV system can ensure that personal care services are scheduled, authorized, and delivered in accordance with members' care plans. It can notify your plan when scheduled services are not provided, which facilitates your plan's ability to ensure appropriate service delivery and avoid paying fraudulent claims. Even if your state does not require an EVV, your plan may want to consider incorporating EVV into your oversight program. Several states report 10 to 30 percent savings in personal care services associated with the use of EVV systems. EVV systems may also incorporate support for 'real-time' quality measurement. For more information, visit the [AARP Policy Institute report on state oversight practices](#).
- **Establish credentialing procedures.** Establishing and enforcing credentialing procedures ensures a basic level of oversight. Health plans currently use a range of procedures, although established standards

Participant-Directed Services (PDS)

Participant-direction allows members to hire and direct their DSWs. In some cases, members become the employer. Members may require support to verify credentials, train employees, and coordinate services to ensure quality care. Plans may also need to provide support and training to family or caregivers providing personal care services. A single point of contact for members who choose self-direction may be helpful for your staff and the member. For additional information on program integrity in PDS, visit the [National Resource Center for Participant Directed Services](#).

for credentialing DSWs are beginning to emerge. Many states have established minimum requirements, which can range from criminal background checks to role-specific training. Check your state's rules and contract provisions for specific information.

- **Monitor excluded provider lists.** Your organization is prohibited from paying providers that are under a state or federal sanction or that have been otherwise prohibited from rendering services to Medicare or Medicaid enrollees. Remove DSWs from your provider network if they are listed by the U.S. Department of Health and Human Services as an excluded provider. Your members, if employing family or caregivers, or staff may refer to [the OIG List of Excluded Individuals/Entities](#) to identify excluded individuals.
- **Consider methods to monitor quality.** Your organization may want to begin by reviewing the home and community-based services (HCBS) quality framework developed by the Centers for Medicare & Medicaid Services (CMS) and several HCBS provider organizations. Many states have based their requirements on this framework, which outlines the core quality competencies needed in delivering HCBS, including personal care. The quality of personal care services often depends on the interactions between the DSW and the member because these services must meet specific requirements of the member (e.g. preference for time of day for bathing). Using standard measures of quality can help ensure that services meet the needs of the member as they typically include opportunities for member feedback. Visit [CMS' HCBS Quality Framework document](#) for a full description.

Electronic Visit Verification (EVV)

Major EVV vendors include:

- Ankota, Inc.
- August Systems, Inc.
- CareWatch, Inc.
- CellTrak Technologies, Inc.
- Tele-Doo Investments, LLC
- HealthWyse, Inc.
- Smart Data Solutions
- Optum, Inc.
- Sandata Technologies, LLC
- Sansio, Inc.

Some home care software support companies provide an EVV utility as well.

The Medicare-Medicaid Coordination Office (MMCO) in the Centers for Medicare & Medicaid Services (CMS) seeks to ensure that beneficiaries enrolled in both Medicare and Medicaid have access to seamless, high-quality health care that includes the full range of covered services in both programs. This brief is intended to support health plans and providers in integrating and coordinating care for Medicare-Medicaid enrollees. It does not convey current or anticipated health plan or provider requirements. For additional information, please go to www.resourcesforintegratedcare.com. Please submit any feedback on this brief or topic suggestions for other briefs to RIC@Lewin.com.

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