GAO Highlights

Highlights of GAO-17-28, a report to congressional requesters

November 2016

MEDICAID PERSONAL CARE SERVICES

CMS Could Do More to Harmonize Requirements across Programs

Why GAO Did This Study

The number of people receiving in-home personal care services—such as assistance with bathing and dressing—from Medicaid is expected to grow. States can offer these services through one or more programs under which home- and community-based services can be provided, each with different federal requirements. The provision of personal care in beneficiaries' homes can pose risks to safety, and these services have a high rate of improper payments, including instances where services for which the state was billed were not provided. In recent years Congress has directed HHS to improve coordination of these programs, which could harmonize requirements—that is, implement a more consistent administration of policies and procedures—and enhance oversight.

GAO was asked to review oversight of Medicaid personal care services. GAO examined: (1) how selected states ensure that beneficiaries receiving services are safe from harm and that billed services are provided; and (2) steps CMS has taken since 2010 to improve oversight and harmonize requirements across programs. GAO reviewed policies in four states with varied programs; reviewed laws, guidance and documents; and interviewed CMS officials.

What GAO Recommends

GAO recommends that the Acting Administrator of CMS (1) collect and analyze required state reports on personal care services and (2) take steps to further harmonize federal program requirements, as appropriate, across programs providing these services. HHS concurred with both recommendations

View GAO-17-28. For more information, contact Katherine Iritani at (202) 512-7114 or iritanik@gao.gov.

What GAO Found

Four states that GAO reviewed varied in how they implemented safeguards to protect beneficiaries receiving in-home personal care services from harm and in their methods to help ensure billed services were actually provided. For example, to help keep beneficiaries safe, the four selected states—California, Maryland, Oregon, and Texas—reported that they monitored beneficiaries by having case managers or nurses periodically check in with beneficiaries, but the frequency and means, such as in-person or by phone, varied among the states and in some cases across programs within a state. The four states also reported using different methods to help ensure that billed services were actually provided. For example, to track attendants' work time, two states required beneficiaries to sign paper timesheets for the attendants, and two states used electronic visit verification timekeeping systems for some or all programs.

The Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health and Human Services (HHS), has taken several steps to improve oversight of states' personal care service programs and harmonize requirements but has not collected required state reports or addressed significant differences in program requirements. Since 2010, CMS steps to improve oversight of states' programs include enhancing guidance and conducting webinars to help states address improper payments. To manage risk inherent in the provision of these services, and in keeping with statutory direction to improve coordination of these programs, CMS has taken steps to better harmonize requirements across programs including directing states to follow agency guidance issued for one type of program when implementing a similar type of program. However:

- CMS has not systematically collected required states' reports on personal care services provided under two programs, although CMS stated that guidance for states to submit the reports is under development. Collecting these reports could improve oversight by providing CMS and Congress with information on programs' effects on beneficiaries' health and welfare.
- CMS harmonization efforts have not addressed the significant differences across federal program requirements specific to beneficiary safety and ensuring that billed services are provided. Consequently, the safeguards and level of assurance that CMS has regarding states' beneficiary protections and oversight of billed services can vary by program. For example, one reviewed state requires quarterly or biannual beneficiary monitoring for most programs; but one program monitors annually as federal requirements do not require more frequent monitoring. Similarly, requirements to help ensure billed services are actually provided vary widely among states and programs, contributing to uneven assurances and oversight across programs.

Home- and community-based services, including personal care services, are growing in significance and in demand. A more consistent administration of policies and procedures across programs could help the federal government and states better manage risks to beneficiaries and protect the integrity of the program.

DRAFT