

Comparison of Current Delivery Models

	CDASS	IHSS	HOME HEALTH AGENCY
Who	Client or AR must find, select and hire attendants. Nurse practice act waived. Employer of record is Fiscal Intermediary Service (FMS) and client/AR is supervisor. Client does all management FMS does payroll services	Clients can hire who they want but agency is employer and has final say. Agency has to do some training with employee hired by client. If client does not have worker in mind agencies are to help clients with hiring.. Nurse practice act partially waived.	Agency responsible for hiring workers and must comply with Nurse Practice Act. A few agencies allow clients to bring in otherwise qualified aides as employees of the agency.
When and Where	Client schedules when and where attendants work based on client needs. Attendants can provide services in the community as needed enabling clients to work.	Clients can do own scheduling if able however agency is responsible for providing backup. If client does not manage care and leaves to agency client may not be able to get care at desired hours. Attendants can provide services in the community as needed enabling clients to work as of 2015.	Clients must accept schedule that is set up by the agency. The agency is required to provide the visits ordered by the doctor but does not have to comply with a requested time unless there is medical need. Some agencies try to meet client requests but must balance needs of many clients. Care only allowed in the home.
Backup care	Client must plan and have adequate employees to manage own backup.	The agency must assure 24-hour backup care.	If the regular aide is absent, back up may be provided and the agency usually notifies the client of their specific policy about absence, no shows, and cancellations. Personal care and homemaker rarely provide backup.
How Much are workers paid	Client sets rates for services, must stay within budget. Rates cannot go below minimum wage or above \$39.30 per hour. Clients can set higher rates for backup, emergency, holidays, but must not exceed allocation. State prohibits clients from paying for sick or vacations days . No health insurance unless client pays for it out of allocation. Depending on model	Agency sets rates that are closely aligned with rate paid to the agency by the state. Agency can pay for sick days, holidays, etc., but cannot bill the state for time not worked. As of 2015 agencies are employers under the Affordable Care Act if they have more than the requisite # of employees and are liable for	The agency sets the rates for the workers. The State sets the rates paid to agencies to include overhead for such things as benefits for the caregiver and their cost of supervisory visits. Agencies can choose to pay sick or vacation pay but cannot bill the state for time not worked. Agencies can choose whether or not to pay health or other benefits. As of 2015 agencies are employers under the Affordable Care Act if they have more than the requisite # of employees and are liable for overtime for more than 40 hours of work.

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	client selects worker may be eligible for subsidies under the Affordable Care Act.	overtime for more than 40 hours of work.	
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How Much Does It Cost	Rate reduced 10.75% to cover administrative cost of fiscal intermediary. Nursing and C.N.A services are reimbursed at \$6.45 for 15 minute unit and “unskilled” personal care and homemaker is reimbursed at \$3.43 per 15 minute unit	Agency receives two rates, one is approximately \$7.23 for 15 minute unit for health maintenance services (RN/C.N.A) and the homemaker rate is \$3.84 plus travel time.	Agency receives rate based on services, nursing care is \$103.11 for a regular visit, \$72.18 for a brief visit (first of day), \$50.52 for subsequent visits in same day; for C.N.A. it is \$36.67 for the first hour and \$10.97 for any half hour that follows, a second visit would pay the \$36.67 for the first hour of that second visit followed by the extended rate for visits lasting more than one hour. Personal care and homemaker are reimbursed at \$3.84per hour plus travel time.
How Much Care Is Available	Uniform assessment tool identifies necessary care. SEP does assessment. Client responsible for all staffing.	Uniform assessment tool identifies necessary care. Agency does assessment and sends to SEP for approval. At times care may be limited to available staff if client has not found workers.	Agency uses assessment tool and sends to SEP for approval for long term care, acute care requires no prior approval. For nursing and C.N.A. services doctor signs form ordering amount, duration and scope. Care limited by hours available by agency to provide staff.
Agency Involvement and discharge issues.	FMS manages payroll functions & SEP does assessment for appropriateness of services. There is a vendor that provides training for new clients and re-training if required by existing clients. There are three FMS choices and no FMS can discharge or refuse to work with a client.	The agency is responsible for providing 24-hour backup. Agency also can teach independent living skills. They cannot easily discharge a client but can discharge under certain conditions.	The home health agency has obligations to arrange and provide their services. HHA responsible for quality assurance. Services may be discontinued with a proper 15 day notice and documentation that the agency made some attempt to resolve the problem.

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Managing your care	Doctor must verify client can handle own health issues and needs are predictable. Clients must pass test after training. If client cannot manage Authorized Rep (AR) is appointed and AR must meet same requirement and pass test. AR cannot be paid as worker. AR is not paid by state in any way.	Client must handle own health issues or can appoint AR unless agency agrees to assist with this level of management. Client can get assistance from agency with IL skills. Client and agency agree on how much nurse oversight, if any, is needed.	Agency takes responsibility to whatever extent is necessary. Nurse supervises either every 14 days in some cases and every 62 days in other cases. Care is provided per a plan outlined on a form from the doctor.
Other	<ul style="list-style-type: none"> • Client or AR. must attend training and write an attendant support management plan. • Allowed to hire family members for up to 40 hours a week • Available in all waivers except DD waivers 	<ul style="list-style-type: none"> • Only available in HCBS-EBD and Children’s HCBS waiver. • Allowed to hire family members 	<ul style="list-style-type: none"> • Available to anyone who qualifies for long term home health, HCBS personal care and homemaker. This is contingent on finding an agency that is willing and able to provide services. • For C.N.A. care allowed to hire family members if they take the C.N.A. class but spouses excluded • For personal care family members can only be paid for \$13 per day
Pro's to this model	<ul style="list-style-type: none"> • Flexibility to hire person compatible with client with skill set appropriate for client needs rather than certification • Services can be provided when and where clients need • Worker trained on skills/tasks needed specifically for client • Wage flexibility • Strong health outcomes • Clients with very high care and complex needs (ventilator dependent) receive all of the care 	<ul style="list-style-type: none"> • Flexibility in setting schedule and assisting with hiring own help but backup support of agency for times when attendant not available • Able to hire person with right skill set, not hampered by certification • Provision of Independent Living Skills Training available to increase independence of client. Skills that clients do not possess can be taught by 	<ul style="list-style-type: none"> • For a client that requires medical supervision the availability of a nurse might be helpful • For a client with unpredictable needs, agency can switch client to acute care which requires no prior authorization and only requires a doctor order when the client has an acute episode. This increases the amount of services available as needed and may allow for coordination of acute and long term care. • This only works if agency has ability to be flexible with staffing • Good for clients that are not able to manage people if there is agency willing to staff difficult client. • Some agencies help families who cannot get CDASS by hiring family members as C.N.A.

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	on the care <ul style="list-style-type: none"> • Available statewide, no difference in amount, duration and scope based on locality • Mandatory background check of employees and client gets results 	IHSS agency <ul style="list-style-type: none"> • Worker can have individual training on top of agency training 	

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Con's to this model Bolded are those that state could remedy and keep fidelity to model	<ul style="list-style-type: none"> • Not available for any children • Not available for DD-HCBS, DD-SLS, • Not appropriate for clients that are unable or unwilling to plan ahead, attend training or manage employees. • Not appropriate for clients whose health care needs vary wildly because client must stay within an allocation and changes cannot occur quickly or frequently. • Clients in need of AR are best served when there is family member or close friend available, AR is unpaid and can be significant time commitment. 	<ul style="list-style-type: none"> • Not available in most waivers or state plan • Not available statewide • Agency can choose not to accept a difficult client and can discharge client (though not as easily as HHA) • No flexibility in rates for client needs unless agency agrees. • Clients in need of AR are best served when there is family member or close friend available, AR is unpaid and can be significant time commitment. • Not appropriate for clients that are unable or unwilling to plan ahead, attend training or manage employees. 	<ul style="list-style-type: none"> • Cannot use services outside of home • Availability of services varies statewide • Personal care clients cannot hire family members for reasonable rate. • Home health clients who want to hire family members have to have the family member employee take a class that is usually irrelevant to the home care client need. • Cannot choose who does and does not come into your home or have access to all personal information such as bank accounts and prescription medications. If client accuses worker of theft client can be labeled difficult. • Cannot set hours –significant barrier to employment. Agencies must balance the needs of many clients when scheduling. • Workers only provide services written on care plan, one cannot think of every possible task needed. Not conducive to clients who are head of household when other things come up (changing

			<p>light bulb, etc). Sets up difficult dynamic between worker and end user.</p> <ul style="list-style-type: none">• Division between home health, personal care, and homemaker causes services to take longer and be less coordinated or flexible—many clients forced to use two agencies• Focus solely on medical needs, not on life needs.• No incentive for clients to curtail costs• Nurse Practice Act increases cost of care
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