# Community Attendant Registry Feasibility Study

As Required by

House Bill 3295, 85th

Legislature, Regular Session,

2017

Health and Human Services

December 2018

# Table of Contents

# Executive Summary

House Bill (H.B.) 3295, 85th Legislature, Regular Session, 2017, requires the Health and Human Services Commission (HHSC) to study the feasibility of establishing a community attendant registry using existing resources, to help Medicaid recipients enrolled in the community attendant services program to locate providers.

To assess feasibility, HHSC researched and interviewed seven states that have or are planning attendant registries. Significant findings from the report include the following:

- Well-established registries in other states offer models, such as a job board or matching service registry, that can be replicated or adjusted to meet the recruitment needs of provider agencies and Texans who use publicly or privately funded community-based attendant services.
- Six of seven states reviewed used a third party to develop, host, and maintain the registry.
- Implementation of a registry in other states took 18 to 24 months and was most effective with stakeholder input, direct service worker outreach, and incremental roll-out.
- Sustainability of the registry, such as long-term funding and maintenance, needs to be considered during the initial planning and funding of the registry.
- Registries must be accessible to individuals with disabilities and must include safeguards to protect privacy.

# 1. Introduction

H.B. 3295 requires HHSC to study the feasibility of establishing a community attendant registry using existing resources, to help Medicaid recipients enrolled in the community attendant services program to locate providers.

## Methodology

To assess feasibility, HHSC conducted a literature review and interviews with key states that have or are planning to implement attendant registries used primarily for recruitment. These seven states include Oregon, Washington, Pennsylvania, Louisiana, California, Massachusetts, and Minnesota.

HHSC considered the following key factors to assess the feasibility of establishing an attendant registry in Texas:

- scope of the registry;
- target audience;
- risks and benefits associated with hosting the registry;
- initial and maintenance costs;
- implementation challenges and benefits; and
- effectiveness of the registry.

## 2. Background

## Scope of the Issue

To live successfully in the community, individuals who use community-based long-term services and supports may need someone who teaches or provides assistance with activities of daily living (ADLs) such as eating, bathing, dressing, and grooming, and instrumental activities of daily living (IADLs) such as cleaning or grocery shopping. These supports are essential for allowing individuals who are older adults or individuals with a disability to remain in their homes and maintain their independence.

Community-based personal care services or habilitation[1] are available in all Medicaid 1915(c) waiver programs, STAR+PLUS HCBS, STAR+PLUS, STAR Kids, state plan personal care services for people age 21 and younger, Community First Choice (CFC), Primary Home Care, and Title XX funded attendant services.

In fiscal year 2015, more than 152,000 Texans per month relied on attendant services to live independently across all of these programs.[2] People can use the consumer directed services (CDS) option for all of the available attendant type services. The CDS option allows consumers to hire and manage the people who provide their services.

For the purposes of this report, the term direct service worker (DSW) will be used to include a range of terms used in Texas: attendant, in-home provider, or care provider. DSWs can be employed by an agency, such as a home health agency, or by a person through the CDS model.

HHSC contracts with provider agencies and managed care organizations (MCOs), which contract with provider agencies, to deliver attendant care services. Provider

---

[1] Habilitation is defined as assistance learning, maintaining, and enhancing the skills necessary for the individual to perform his or her own ADLs and IADLs. This can include hands-on assistance. Habilitation also includes teaching an individual skills related to money management, socialization, personal decision-making, and community integration.

[2] https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2017/medicaid-chip-perspective-11th-edition/11th-edition-complete.pdf

agencies and CDS employers recruit, screen applications, and ensure that candidates meet hiring criteria established by the state through statute, program rules, approved waiver amendments, or contracts.

In 2016, the Centers for Medicare and Medicaid Services (CMS) issued an informational bulletin to highlight steps that states, providers, and others could take to strengthen and stabilize the community-based direct service workforce. One suggestion was to establish an open registry of workers for public use, to strengthen the identity of the workforce and improve awareness of available, qualified home care workers.[3]

## Types of Attendant Registries

Attendant registries range from an open registry of job seekers to a list of qualified individuals approved by the state to provide attendant services. A few state attendant registries are used to determine whether a candidate meets state-established qualifications. In Texas, the Nurse Aide Registry or Employee Misconduct Registry serve a similar purpose to verify nurse aide or attendant employability in accordance with state-established criteria.

Several states offer attendant registries designed to match potential attendants with provider agencies or individual employers (Appendix A). These registries attempt to create a centralized source where consumers can locate the care they need and workers can share their skills and availability. Some matching directories offer a hybrid model, combining some facets of state qualifications and matching, to recruit and screen DSWs. While provider agencies have access to these registries in five reviewed states, Pennsylvania and California offered registries solely for individuals who were hiring their own DSWs through a self-directed option.

Two types of registries used to recruit DSWs - job board and matching service system - are described below.

---

[3] The Centers for Medicare and Medicaid Services. *Suggested Approached for Strengthening and Stabilizing the Medicaid Home Care Workforce.* CMCS Informational Bulletin, August 3, 2016.

## Job Board

A job board registry is an online service that lists open positions and the relevant contact details, or includes a standardized application platform allowing candidates to apply to the provider agency or directly to the hiring individual. Job boards typically do not require any prior verification of DSW qualifications to participate and are open to consumers, DSWs, and agencies recruiting potential employees.

## Matching Service Registries

A matching service is a registry service that might require DSWs and agencies to meet specific criteria in order to participate, such as criminal background checks, training, and other state-specific requirements. A key feature of matching directories is the opportunity for the consumer to list service and scheduling needs, training requirements, and preferences such as gender, smoking, pet ownership or interests, to find a DSW best suited to their personality and needs. This system allows for direct consumer and DSW communications.

Information can be entered by those participating in the registry or by a third party. Access is usually limited to registered participants. Matching registries limit access to consumers enrolled in a Medicaid community based services program, DSWs, and if accepted, agencies. In some systems, data is entered and maintained by system managers who verify potential worker qualifications.

# Target Audience

The most common target audiences for registries, regardless of how the registry is designed, are consumers, DSWs looking for work, and provider agencies.

All reviewed states designed access to registries based on their specific goals for establishing the registry. Several state registries are open to the public while others require DSWs to meet state criteria to be included in the registry and to have access privileges. Though all the registries are geared toward Medicaid recipients, two are also open to private pay individuals who are seeking a DSW.

# 3. Implementation of Attendant Registries

## Legislative Mandate

Of the seven states interviewed, five (Oregon, Washington, Massachusetts, Minnesota, and Louisiana) were legislatively mandated to create a DSW registry for their state.

In Oregon, Washington, and Massachusetts, states in which attendants are unionized, legislative direction and collective bargaining agreements supported the establishment of attendant directories. The registries provided a means to build a stable and credentialed DSW workforce with documented advancement opportunities. Inclusion in the registry indicates a DSW meets requirements.

Other reasons states gave for establishing registries include:

- Improving the quality of community-based long-term services and supports provided by in-home DSWs by ensuring only qualified and credentialed DSWs included on the registry could provide services;
- Enhancing the ability of consumers to obtain authorized services; and
- Encouraging stability in the community-based provider work force.

## Registry Host

Only one reviewed state, Minnesota, solely controls and maintains a registry. After initially working with a contractor, the Minnesota Department of Human Services, Disability Services Division brought the registry in-house to provide a central location for consumers and DSWs to interact to find and meet each other's needs.

In Washington and Oregon, the state and contractor jointly control data and interaction between consumers and DSWs. The contractor is usually responsible for the software design and maintenance. In other instances, the contractor is solely responsible for data entry for the consumers and DSWs.

Pennsylvania and California use third-party entities, such as a Center for Independent Living or a Financial Management Services Agency, to design the registry system and make it available to individuals looking for DSWs.

The type of agency hosting or controlling the registry is an important consideration. When the state hosts the registry, the state Medicaid agency might incur liability for potential joint employer risks and health and safety concerns. States responsible for some aspect of hiring providers, such as Oregon, are more likely to host registries. If the state Medicaid agency hosts the registry and contracts the hiring function to provider agencies or CDS employers, the risk arises that the state could appear to endorse certain providers over others. States should also consider the possibility of the state being deemed a joint employer, which make it liable for paying overtime under the Department of Labor's Fair Labor Standards Act to Domestic Services, Final Home Care Rule.[4]

# Implementation Timeline

The majority of interviewed states reported that it takes 18 to 24 months to get a fully operational registry functioning. States recommended the registry be implemented in incremental stages in targeted geographic areas to work out any state-specific issues that may arise, such as lack of infrastructure in rural areas to support a network.

The 18 to 24 months are necessary to allow sufficient time for broad stakeholder input during the planning and implementation phase. States report spending time to conduct outreach to potential DSWs about the registry and how to use it. Training sessions might be necessary to ensure those who use the system understand how to enter the information and how to communicate with potential employers.

# Information Technology Considerations

The interviewed states raised several important information technology (IT) issues to consider when developing a registry.

## Accessibility

States with established registries recognized the need to make the registries Americans with Disabilities Act (ADA) compliant and accessible to people with

---

[4] https://www.dol.gov/whd/homecare/final_rule.pdf

disabilities. The state of Washington is moving its data matching registry to a more accessible and consumer-friendly platform.

## Privacy and Confidentiality

States with matching service registries require prescreening for both consumers and DSWs before access is granted. Consumers and DSWs receive individual identification numbers and passwords to allow access to the registry without revealing any information not required for participation. By granting specific permission levels, user confidentiality is maintained.

## Registry Development

A state should also consider whether to develop its own software or purchase a commercial software. States reported commercial solutions were typically less expensive because development costs were lower. Commercial solutions are generally limited to what comes in the "box", with minimal customization available. Commercial solutions can be deployed more quickly and all design, development, and quality assurance testing is handled by the vendor.

The second option is to develop registry software in-house to match specific business and design requirements. Compared to commercial solutions, customized software increases start-up costs and extends the timeline for implementation.

# Attendant Registry Benefits

The reviewed states have not yet conducted evaluations of their registries. However, states report anecdotal benefits, saying that registries:

- allow individuals without personal networks or in rural areas to find a DSW and live successfully in a community setting;
- provide information for a better fit between the individual using services and the DSW; and
- increase the opportunities for DSWs to create a 40-hour workweek by working for multiple individuals or agencies.

A few states are tracking utilization and satisfaction with their registries. Most Washington consumers reported satisfaction with the registry. Washington currently has an estimated 35,000 DSWs and 50,000 consumers on the network. Washington has seen a 70 percent utilization rate by consumers and DSWs with the

implementation of their registries. California has tracked 30 percent utilization by consumers.

## 4. Cost and Sustainability

One state, Washington, provided initial start-up funding of $1.5 million for development and piloting the registry. Information on initial costs was not available from other states reviewed. However, several states identified factors that require staff or contractor time and resources, including:

- information verification; and
- information entry by a third party as opposed to the DSW or individuals using services.

Initial cost estimates must address who will be responsible for updating and continuing the operation of the registry and the cost of sustaining the registry. Maintenance costs for two states ranged from $15,000 to $25,000 per year. The majority of reviewed states used state general revenue funds for maintenance. In California, the Center for Independent Living, which is not affiliated with the Medicaid agency, develops and provides the software to the community-based organizations that host, manage, and maintain the registry. Each community-based organization pays an annual maintenance fee depending on the size of the organization. In Washington, since multiple agencies use the registry, each agency contributes a portion of the maintenance cost.

Depending on the type of registry, Medicaid administrative match funding might be available to help states with development and maintenance of a registry.[5] Registries designed to reflect available qualified providers of long-term services and supports might be reimbursed as administrative costs under the Medicaid program. None of the reviewed states used Medicaid administrative match funding.

---

[5] The Centers for Medicare and Medicaid Services, *Suggested Approaches for Strengthening and Stabilizing the Medicaid Home Care Workforce.* CMCS Informational Bulletin, August 3, 2016.

# 5. Conclusion

H.B. 3295 required HHSC to study the feasibility of establishing a community attendant registry to assist Medicaid recipients enrolled in the community attendant services program to locate providers.

HHSC assessed registry models and experience from other states that are using a DSW registry to improve recruitment in community-based long-term services and supports.

An attendant registry could feasibly be implemented in Texas with the following best practices in place:

- test with a limited group of users and roll out incrementally;
- make the registry available to both CDS employers and provider agencies for recruiting DSWs;
- funding to cover costs;
- depending on the model to be developed, explore availability of Medicaid matching funds; and
- include an evaluation plan to determine necessary enhancements and improvements.

## Feasibility Considerations

Determining the purpose and scope of the registry is important. In Texas, procedures for determining qualified DSW applicants are well established for provider agencies and CDS employers. To avoid duplication, an open registry, such as a job board with some additional matching design features may meet DSW recruitment needs. The inclusion of CDS employer preferences and DSW training and experience appears to facilitate better matches and could contribute to increased retention of DSWs.

Since the Texas state Medicaid agency does not hire DSWs, a third-party contractor may be the most suitable to host and manage a DSW registry. The reviewed states contracted with for-profit vendors and Centers for Independent Living to develop and maintain the registry. Registries hosted by non-state entities might reduce potential liability for the state. IT requirements must include ADA accessibility compliance and a way to protect the consumer's information.

Effective implementation builds in stakeholder input, time for outreach to potential and existing DSWs about the availability of the registry, evaluation of the effectiveness of the registries for hiring DSWs, and a meaningful plan and funding for sustaining the registry beyond initial development. Reviewed states also suggested incremental implementation in specific geographic areas.

An attendant registry could provide an important support for consumers and providers to find DSWs. However, best practices gleaned from staff research and interviews would need to be utilized to ensure a successful implementation.

# List of Acronyms

| Acronym | Full Name |
| --- | --- |
| ADA | Americans with Disabilities Act of 1990 |
| CDS | Consumer Directed Services Option |
| CFC | Community First Choice |
| CMS | Centers for Medicare and Medicaid Services |
| DSW | Direct Service Worker |
| H.B. | House Bill |
| HHSC | Health and Human Services Commission |
| MCO | Managed Care Organization |
| STAR+PLUS HCBS | STAR+PLUS Home and Community Based Services |
| IT | Information Technology |

# Appendix A. Summary of Key Factors by States with Attendant Registries

| | Oregon | Washington | California | Massachusetts | Minnesota | Louisiana | Pennsylvania |
|---|---|---|---|---|---|---|---|
| Registry Type | Matching Services Registry; limited to consumers and DSW who have completed qualifying requirements | Matching Services Registry; limited to DSW who have completed qualifying requirements | Matching Service Registry; open to consumers using self-direction and DSWs | Matching Service Registry state mandated for all DSWs who desire to work for state - contracted agencies and consumers receiving services | Job Board is an open source web-based site that allows consumers and DSWs to post needs and availability in easily searchable manner | Registry used to report DSWs that have negative information in a central repository | Matching Service Registry primarily serves consumers/representatives and providers/attendants enrolled in publicly funded self-direction programs where vendor acts as the Fiscal Employer Agent (also known as a fiscal intermediary for consumer direction) |
| Registry established | 2015 | 2003 | 2003 | 2017 | 2016 | 2006 | 2005 |

|  | Oregon | Washington | California | Massachusetts | Minnesota | Louisiana | Pennsylvania |
|---|---|---|---|---|---|---|---|
| Access to registry | Consumer-Employer approved for Medicaid, Medicaid approved service providers, community-based organizations and some for-profit groups | Consumers, State agencies, case managers, community-based organizations, providers & job-seekers who have completed state-mandated requirements | Limited to public authority staff, affiliated counselors and consumers approved for Medicaid services. Private pay | Accessible to meet the needs of home care agencies, home care workers, and the public | The registry has open-access and is considered a "job-board" | The registry is available to the general public and can be accessed at https://tlc.dhh.la.gov/ | The registry maintains one database of individuals seeking employment as direct care workers and a second database of people with disabilities and seniors seeking direct care workers |
| Legislative Mandated | Oregon HB 3816 | Citizen Initiative 775 (2001) & Feasibility Study (2003) | n/a | Massachusetts Senate Bill No.3821 (2017) | Minnesota Statute 256B.0711 Subd. 4(c) (4) (i – iii) (2017) | 2006 Louisiana Laws - RS 40:2179 — Establishment of direct service worker registry | Funded by a grant from the Pennsylvania Department of Labor & Industry |

| | Oregon | Washington | California | Massachusetts | Minnesota | Louisiana | Pennsylvania |
|---|---|---|---|---|---|---|---|
| Implementation challenges | Addressing privacy concerns; training about the system | Gaining confidence of case management agencies to use the system; marketing | | Privacy concerns | Merging of the previously existing system with that of the newest database | Originally designed to track training, it is now used only to report substantiated findings of abuse, neglect, exploitation and misappropriation of property | Marketing the registry to external DSWs beyond their immediate network |
| Overall benefits of registry | Increased use of registry by consumers | Viable pool of workers, build local relationships; 80% of consumers are satisfied with the registry | The capacity to align the perfect client with the perfect provider; Focuses on recruitment and retention of DSW | | The user experience and search results can be customized; The user can then find DSWs matching their preferences and service needs | | Faster response time to get services; Self-directed; Users remain anonymous until contact is made (consumer, DSW) |

| | Oregon | Washington | California | Massachusetts | Minnesota | Louisiana | Pennsylvania |
|---|---|---|---|---|---|---|---|
| Common Target Audience | Focused on seniors and adults with disabilities<br><br>by offering them choices about the way they want to live and how they want to be assisted;<br><br>Medicaid and private pay. | An estimated 35,000 number of DSWs on the network and a 50,000 client-user base | | | Focused on seniors, people with disabilities, parents, families, veterans, youth and people with low-income and those in rural communities | | Focused on those using the consumer direction option who lack familial support network and those living in rural communities |
| Initial start-up cost for registry | Not available | 1.5 Million funded development, pilot program and other activities | Not available | Not available | Not available | Not available | Not available |
| Maintenance cost for the registry | Cost is nominal due to shared usage by state organizations | Last year approx. 15K was spent | Unknown | Unknown | Unknown | Approx. $25,000 | Unknown |

| | Oregon | Washington | California | Massachusetts | Minnesota | Louisiana | Pennsylvania |
|---|---|---|---|---|---|---|---|
| Funding for maintenance | State-funded | State-funded by all user agencies | Sliding scale based upon size of organization | State-funded | State-funded | State-funded | Charged to the agency using the network |
| Website | http://www.ohccworkforce.org/ | http://www.hcrr.wa.gov/ | https://quickmatch.org/ | https://www.rewardingwork.org/State-Resources/Massachusetts.aspx | https://directsupportconnect.com/ | https://tlc.dhh.la.gov/ | http://wcr.tripil.com/ |