

**CERTIFIED MEDICAID PLANNER™  
GOVERNING BOARD**

# **Job Analysis and Test Specifications Report**

***Certified Medicaid Planner™***

**Certified Medicaid Planner™ Governing Board  
St. Joseph, MI**

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## ***Executive Summary***

This report describes the job analysis (JA) study for the Certified Medicaid Planner™ (CMP™) exam offered by the Certified Medicaid Planner™ Governing Board (GB), an independent, autonomous division of the Wealth Preservation Institute (WPI). This examination is designed to identify candidates that meet a minimal standard of competency in the field, and award them with a credential that recognizes their skill. The CMP™ Board contracted Assessment Systems Corporation (ASC), a leading provider of software and services for testing organizations, to provide psychometric consultation in the study.

The CMP™ is a new credential; experts in the various fields of wealth preservation, estate planning, and senior citizen benefits recognized a gap in the skills of many practitioners at this intersection, as most focus purely on financial aspects such as annuities or trusts. Because the CMP™ is a new credential and there is no existing certificant population, the common approach to job task analysis – surveying several hundred incumbents on the tasks they perform – is not feasible. However, a detailed job analysis using best practices is still necessary to establish a scientific foundation for the validity of the intended use of the test. A *focus group* method was therefore adopted, but in an effort to be as diligent as possible in the absence of a task survey, three additional job analysis methods were utilized as input for the focus group: initial focus group, the critical incident technique, and an expert survey. The results of these three were discussed in a focus group of experts before recommending an outline for the test specifications, which substantially enhanced the validity argument. This report provides detail on the methodology and results of the job analysis process.

## ***The Validity Argument***

**Validity** refers to whether there is evidence to support given interpretations of test scores. The modern conceptualization of validity is from an argumentative perspective (Kane, 1992; 2004). That is, the testing organization must present a chain of evidence in support of an argument for the intended use of a test. Professional credentialing tests rely on **content validation**; that is, the primary link in the chain is to establish that the content of the test is appropriate.

In the case of professional certification testing, the intended interpretation is that someone who passes the test has a certain level of knowledge, skill, or competency required to do a job adequately. We must therefore provide a chain of evidence from the test scores back to the job. The first step in the chain is the job itself; we must perform an empirical analysis of what the job entails in order to adequately design a test to assess skills for the job. This is known as **job analysis or practice analysis**. Standard 10A of the National Commission for Certifying Agencies (NCCA), which accredits certification testing organizations, states:

A job/practice analysis must be conducted leading to clearly delineated performance domains and tasks, associated knowledge and/or skills, and sets of content/item specifications to be used as the basis for developing each type of assessment instrument (e.g., multiple-choice, essay, oral examination).

Job analysis is also described by the *Standards for Educational and Psychological Testing* (AERA, APA, NCME, 1999). Chapter 14 covers testing for employment and credentialing, and Standards 14.8 through 14.14 discuss the need for content validation and the role of job analysis. For example, Standard 14.14 states:

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

The content validation approach is appropriate for credentialing because the intended interpretation of test scores is merely that a person is qualified to perform the job. This is contrasted to **predictive validation**, where the goal of the test is to predict a continuum of job performance. For example, selection tests are often validated by correlating test score with ratings of job performance, in hopes that scores on the test will predict better job performance and therefore can be used to select better applicants. Credentialing tests demonstrate that someone has the basic knowledge and skills to perform adequately, so validation focuses not on top performance, but rather on determining the span of knowledge and skills.

To provide a psychometrically sound foundation for the development of a CMP™ examination, a job analysis study was conducted for the CMP™ Board. This report details the design and results of this study, and the implications for test design.

## ***Study Design***

There are several designs available (Brannick, Levine, & Morgeson, 2007) for a job analysis study; a model commonly used for credentialing exams is a **task inventory** (Raymond & Neustel, 2006). The goal of this approach is to produce a comprehensive list of professional tasks performed on the job, then have a wide range of incumbents rate each task on aspects such as **importance** and **frequency** or **time spent** on the task in a normal work week. This provides empirical evidence as to which tasks are more important or more frequent in the job; those tasks should obviously have more weight on the final test than rare or unimportant tasks.

However, since the CMP is a new credential, there is not an extensive population that can be surveyed regarding which tasks are more important or frequent. There are a number of alternative approaches, but none that are as conceptually appealing as the task survey, or produce a set of data that is as neatly analyzable. Because of this, and the fact that using only one of the alternative approaches could lead to a skewed outline for the exam, three other approaches were used in this study: initial focus group, the critical incident technique, and a brief survey of experts. In addition, a final review discussion of those three methods was held by a committee of experts. The goal of the first two steps was to produce a list of knowledge domains that covered all content necessary in the field, providing an initial foundation for content validity. The goal of the latter two steps was to recommend weighting of the content areas for the examination.

An initial discussion also established that the content of the exam focus on knowledge. The field contains no psychomotor or other specific tasks; instead, adequate performance will be a function of adequate knowledge of government regulations or other subject matter, and efficient application of that knowledge in providing appropriate recommendations for client scenarios. That is, there are not common, repeatable tasks, but rather stages of critical thinking to assess client needs and provide the appropriate recommendations, which are often different for each client though based on the same content and principles. Exam items that are founded on these two principles will adequately span actual performance on the job. For the same reason, the job analysis described in this report focused on content rather than tasks.

**Certification Examination Committee**

The CMP™ Governing Board appointed five experts in Medicaid planning, estate planning, law, and related fields to serve on a certification examination committee. An effort was made for both geographic balancing and a balancing across expertise areas, including having approximately half with a JD and half without. The experts came from across the United States and had expertise in a number of areas but a common interest in Medicaid planning. An overview of the committee members, their credentials, and areas of expertise are provided in the table below.

Name/ Location	Credentials	Areas of expertise
Roccy DeFrancesco St. Joseph, MI (Chair)	<ul style="list-style-type: none"> <li>•Juris Doctor (JD)</li> <li>•Certified Wealth Preservation Planner</li> <li>•Certified Asset Protection Planner</li> <li>•Master Mortgage Broker</li> </ul>	Estate planning, Medicaid planning, asset protection planning, business succession planning, litigation, Life, Health, Disability and Long-Term Care Insurance Agent
William Johnson Melbourne, FL	<ul style="list-style-type: none"> <li>•Juris Doctor (JD)</li> <li>•Florida Bar Board Certified Elder Law Attorney</li> </ul>	Estate planning, Medicaid planning, long-term care planning, guardianship, incapacity planning, will and trust litigation, and probate
Chad R. Oldham Jonesboro, AR	<ul style="list-style-type: none"> <li>•Juris Doctor (JD)</li> <li>•Masters of Laws in Estate Planning</li> <li>•Masters of Business Administration</li> <li>•Certified Trust and Financial Advisor</li> </ul>	Estate planning, elder law, probate and trust administration, estate and trust taxation, charitable and not-for-profit planning, business succession, wealth preservation planning, and special needs planning
Rod Hormell Thousand Oaks, CA	<ul style="list-style-type: none"> <li>•Certified Wealth Preservation Planner</li> <li>•Certified Asset Protection Planner</li> <li>•Master Mortgage Broker</li> </ul>	Investment Advisor Representative, Certified Senior Advisor (CSA), Investment & Senior Estate Planner, Elder Care specialist, Retirement Planner and a Life, Health, Disability and Long Term Care Insurance Broker
Mark Guillatt Fremont, NE	<ul style="list-style-type: none"> <li>•Certified Financial Planner</li> <li>•Chartered Life Underwriter</li> <li>•Chartered Financial Consultant</li> <li>•Masters in Financial Services</li> </ul>	Medicaid Planning, Financial Services, Life, Health and Long-Term Care Insurance, Retirement Planning

## Results

This section describes the process and results for the four phases of the study.

### 1. Focus Group

For the initial phase of the job analysis, committee members assembled as a focus group to review the collective material on Medicaid Planning, including books, treatises, articles, brochures, regulations, and government publications concerning the Medicaid program and Medicaid planning. The purpose of this phase was to produce an initial list of major content areas or domains with a focus on the knowledge needed for Medicaid planning, and also regarding the structure of work in the field of Medicaid planning. Committee members also reviewed additional sources of evidence, including a few job descriptions and a textbook (Medicaid Planning Guidebook, Second Edition<sup>1</sup>) that serves as a gold standard in the field. This textbook also includes all relevant legal resources, such as federal guidelines. Together, the Medicaid planning experts represented on the panel unanimously agreed that these topic areas are considered the full realm of content in the Medicaid planning field.

This produced a list of 13 content domains, in addition to a background/rationale domain that covers how Medicaid planning fits into or is an intersection of other fields, and a domain on how the 13 content-specific domains are utilized in the client assessment and planning process.

Section	Topic
1	Medicaid Planning Background/Rationale
2	Medicaid Eligibility Assessment and Planning
3	General Asset-Eligibility Rules
4	Community Spouse Asset Rules
5	Asset Eligibility Strategies
6	Divestments
7	Trusts
8	Annuities and Promissory Notes
9	Income Eligibility
10	Homestead and the Family Farm
11	Veterans' (VA) Benefits
12	Applying for Medicaid
13	Post-Eligibility Issues
14	Estate Recovery
15	Advocacy Opportunities

An expanded outline of the content-specific domains is contained in the Appendix A – Core Content Outline. As seen in the Core Content Outline, these content areas are exhaustive of the various processes, procedures, and philosophy that encompass the Medicaid planning field.

<sup>1</sup> Anthony, M. (2010). Medicaid Planning Guidebook, Second Edition. TriArc Publishing, LLC. ISBN 978-0-9770770-5-2.

## 2. Critical Incident Technique

In the second phase, the five committee members were asked to utilize the *critical incident technique* (Brannick, Levine, & Morgeson, 2007). Again, because this is not an established profession with incumbents that specialize in a particular role, there are not typical critical incidents that occur for incumbents. The critical incident technique was adapted to include *critical topic*; that is, a specific piece of knowledge or a task that the expert considers critical. In fact, because the field is being established due to a gap between skills of professionals and what is needed, some of these actually focus on a critical incident/topic that is critical because it is missing or underserved, not necessarily because it is commonly encountered by professionals already doing Medicaid planning. For example, one expert noted that financial planners without awareness of Medicaid issues will often make incorrect recommendations to clients. This was recorded as “What NOT to do; fixing errors from before the client got to you.” Another expert mentioned the simple point “Education of our peers without expertise on Medicaid” but verbally explained it referred to the same issue.

Additionally, some experts stated the incidents as topics. For example, one expert noted that many clients will make gifts to their heirs, but sometimes this is not the best thing for them to do financially, especially if it interferes with Medicaid or other benefits; this was recorded as “Gifting – could disqualify you from benefits.”

Each expert provides two to four suggestions. The suggestions were then discussed to ensure relevance, and mapped to the initial set of domains to see if the list of domains required expansion, contraction, or other modification. As seen in the right-hand column, each of the critical incidents/topics mapped to one of the existing domains.

Expert	Critical incident/topic	Domain
Roccy DeFrancesco	1. I receive many calls from advisors who are working with clients who have money in IRAs/qualified plans who have no idea what to do with them in the context of trying to qualify for Medicaid.	All domains
	2. I receive many calls from advisors who are working with clients who have a personal residence who have no idea what to do with them in the context of trying to qualify for Medicaid.	10
	3. I receive many calls from advisors who ask me to figure out if their clients assets are “countable” when determining eligibility and then asking me what they can do with them (retitle, gift, use annuities, funeral trusts, promissory notes, etc) so they can get below the 2k threshold to qualify (for a single individual).	3
	4. I receive many calls from advisors who have client that receive income from various sources and want to know if the income will prohibit them from qualifying for Medicaid and if so if there is a way to shift that income to a husband or trust to get them qualified.	9
William Johnson	1. Personal Services Contracts	5
	2. Rental Property	3, 5, 10
	3. Re-directing income at source	9
	4. Gifting - could disqualify you from benefits.	6
Chad Oldham	1. Revocable or living trusts are not the best thing	8
	2. Education of our peers without expertise on Medicaid	1, 2

Rod Hormell	1. Back testing prior billings for retro benefits.	3, 4, 5
	2. Eligibility issues on held away assets.	3
	3. Spousal assets eligibility and funding options	4
Mark Guillatt	1. What NOT to do; fixing errors from before the client got to you.	All domains
	2. Properly structure long term care. Understand that it is important to have high daily benefits rather than perpetual; protects more assets.	6; though much of it outside the scope
	3. Doing an initial assessment is vital to both advisor and client.	2

### 3. Expert Survey

The two steps above served to provide an exhaustive list of content areas involved with Medicaid planning, by consensus of the expert committee. The next step was to determine relative weighting of the areas for the purposes of exam design and development. The general argument is that areas that are more important or more commonly encountered on the job should receive more weight on the exam. As discussed previously, this is often determined by surveying a large number of incumbents in a field to determine which areas (typically, specific tasks within an area) are more important or commonly encountered. However, because the CMP™ represents a new field, only a few experienced professionals currently have a span of knowledge covering the content areas defined above. Therefore, a brief survey was conducted with the expert committee, asking them to provide relative percent weightings for the content areas, taking into account importance and frequency. This was done independently and not as part of a discussion, to encourage expression of opinion. The ratings are provided in the table below; the far-right column records the mean rating.

No.	Topic	Rater 1	Rater 2	Rater 3	Rater 4	Rater 5	Mean
1	Medicaid Planning Background/Rationale	5	10	10	4	5	6.8
2	Medicaid Eligibility Assessment and Planning	2.5	5	5	2	2.5	3.4
3	General Asset-Eligibility Rules	10	10	10	4	7.5	8.3
4	Community Spouse Asset Rules	9	5	5	6	10	7.0
5	Asset Eligibility Strategies	10	10	10	10	10	10.0
6	Divestments	10	5	5	5	6	6.2
7	Trusts	5	5	5	10	3	5.6
8	Annuities and Promissory Notes	10	10	10	8	12.5	10.1
9	Income Eligibility	10	10	10	15	7.5	10.5
10	Homestead and the Family Farm	10	10	10	2	10	8.4
11	Veterans (VA)	1	10	5	9	5	6.0

	Benefits						
12	Applying for Medicaid	5	5	5	7	7.5	5.9
13	Post-Eligibility Issues	5	5	5	3	7.5	5.1
14	Estate Recovery	5	0	0	15	1	4.2
15	Advocacy Opportunities	2.5	0	5	0	5	2.5

It is notable that there are several 0s in the bottom two rows of the table. Two raters gave a 0 to Estate Recovery because it is unlikely to occur to clients if planning in the rest of the domains is performed adequately. However, it was noted that because clients might come to practitioners having received advice from someone not versed in the area, and therefore with inadequate planning, practitioners are likely to encounter it even though it might not be due to their own planning. Two raters also gave a 0 to Advocacy Opportunities, but agreed after discussion (next section) that it was worth retaining on the exam.

#### **4. Focus Group Discussion**

In the final phase, the mean ratings above were treated as initial recommendations for the exam content weights, and were then converted to initial numbers for a 160-item exam. The exam is planned to consist of 160 scored items for two important reasons. First, an exam of 160 is likely to have a very high reliability; reliability typically drops off for tests of fewer than 100 items. Second, a relatively large number of items is necessary to adequately cover all the content; the CMP™ is a sophisticated credential that requires advanced knowledge in a number of related fields and the ability to cohesively pull that knowledge together to make recommendations.

No.	Topic	Mean	Out of 160	Final out of 160
1	Medicaid Planning Background/Rationale	6.8	10.88	11
2	Medicaid Eligibility Assessment and Planning	3.4	5.44	6
3	General Asset-Eligibility Rules	8.3	13.28	13
4	Community Spouse Asset Rules	7.0	11.20	11
5	Asset Eligibility Strategies	10.0	16.00	16
6	Divestments	6.2	9.92	13
7	Trusts	5.6	8.96	12
8	Annuities and Promissory Notes	10.1	16.16	16
9	Income Eligibility	10.5	16.80	17
10	Homestead and the Family Farm	8.4	13.44	13
11	Veterans (VA) Benefits	6.0	9.60	3
12	Applying for Medicaid	5.9	9.44	9
13	Post-Eligibility Issues	5.1	8.16	8
14	Estate Recovery	4.2	6.72	7
15	Advocacy Opportunities	2.5	4.00	5

The initial “out of 160” weightings were discussed at length by the focus group. The weights generally followed the recommendations, with one significant difference: it was determined that

there was too much weight for Veterans' (VA) Benefits, as this affects only a small portion of the population even though it is quite important for clients who qualify. Therefore, a few items were re-distributed to Divestments and Trusts, which are relevant for all clients.

As previously mentioned, the topics listed here are a condensation of significant areas of concern for someone engaged in Medicaid planning. The expanded list of topics with the range of sub-topics that are included in these areas is attached in the Appendix A – Core Content Outline. The extensive outline covers the fundamental rules of Medicaid planning, the key concepts employed by Medicaid planners to achieve benefit eligibility, and the procedures associated with the planning process. The key planning concepts incorporate a wide range of fields (e.g., use of trusts, annuities, etc.) that intersect and overlap in Medicaid planning.

## Summary

This report describes a job analysis study for the Certified Medicaid Planner™ (CMP™) certification program. The goal of the study was to produce a comprehensive list of content/knowledge areas needed for a minimal level of competency in Medicaid planning. This job analysis study is an essential foundation for the validity of a certification program.

This job analysis was primarily built around the *focus group method*. The first step was the development of the list of domains by the focus group, utilizing myriad outside sources. The domains were then validated using the critical incident technique, with incidents supplied by the focus group. A final domain list was then provided recommended weights (number of items in each domain) by a survey of the group. The initial recommended weights were then discussed and slightly revised before voting on the final weights.

While the foundation of validity, the completion of a job analysis to recommend test specifications (blueprints) is only one step in the test development cycle. The next step is to establish the format of the test, such as the item format (multiple choice, multiple response, innovative items) or the number of recall vs. application questions. Following that, items can be developed and reviewed in accordance with best practices, an initial test form assembled, and a standard-setting (cutscore) study completed.

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