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INTRODUCTION

Personal Care Service (PCS) is a federally matched program providing medically related services to children under eighteen years of age who are categorically needy Medicaid eligible. They can be children in their own homes or relative placement, or they can be children in group or foster care.

The following chapter is divided into eight sections. Each section contains the legal and administrative basis of the Personal Care Service program, and is followed by the policies and procedures to be followed in delivering the services to DCFS clients.

I. PROGRAM AUTHORITY

A. REVISED CODE OF WASHINGTON

Legislative Intent, RCW 74.09.520

(2) The department shall amend the state plan for medical assistance under Title XIX of the federal social security act to include personal care services, as defined in 42 C.F.R. 440.170(f), in the categorically needy program.

(3) The department shall adopt, amend, or rescind such administrative rules as are necessary to ensure that Title XIX personal care services are provided to eligible persons in conformance with federal regulations.

(a) These administrative rules shall include financial eligibility indexed according to the requirements of the social security act providing for medicaid eligibility.

(b) The rules shall require clients be assessed as having a medical condition requiring assistance with personal care tasks. Plans of care must be approved by a physician, and reviewed by a nurse every ninety days.

B. WASHINGTON ADMINISTRATIVE CODE

Legal Basis, WAC 388-15-810(1)

Legal authority for the Medicaid Personal Care Services program is found in RCW 74.09.520 and in the Medicaid State Plan.

C. ADMINISTRATIVE POLICY - NONE

D. ADMINISTRATIVE PROCEDURE - NONE

II. PURPOSE

A. REVISED CODE OF WASHINGTON - None

C. WASHINGTON ADMINISTRATIVE CODE

Purpose, WAC 388-15-810(2)

The purpose of the Medicaid Personal Care Services program is to enable eligible individuals to remain in their community residences through the provision of semi-skilled maintenance or supportive services.

D. ADMINISTRATIVE POLICY - None

E. ADMINISTRATIVE PROCEDURE - None

III. DEFINITIONS

A. REVISED CODE OF WASHINGTON - None

B. WASHINGTON ADMINISTRATIVE CODE

Medicaid Personal Care Services - Definitions, WAC 388-15-820

(1) "Applicant" means a person applying for Medicaid Personal Care services.

(2) "Client" means a person determined eligible for Medicaid Personal Care Services.

(3) "Community Residence" means a:

(a) Client's own home, whether in a building owned or rented by the client;

(b) Licensed adult family home under department contract;

(c) Licensed boarding home under department contract;

(d) Licensed children's foster family home;

(e) Licensed group care facility, as defined in WAC 388-73-014(8).

(4) "Direct personal care services" means assistance with tasks involving direct client care which are directly related to the client's medical condition. Such assistance is limited to allowable help with the tasks of ambulation, bathing, body care, dressing, eating, essential shopping, personal hygiene, positioning, self-medication, toileting, transfer, and travel to medical services as defined under WAC 388-15-202.

(5) "Handicapping condition" means a medical condition which causes functional impairment in activities of daily living.

(6) "Household assistance" means assistance with incidental household services provided as an integral, but subordinate part of the personal care furnished directly to the client. Household assistance shall be considered an integral part of personal care when such assistance is directly related to a medical condition, is reflected in the client's service plan, and is provided only when a client is assessed as needing personal care assistance with one or more direct personal care tasks. Incidental household tasks are limited to housework, laundry, meal preparation and wood supply as defined under WAC 388-15-202.

(7) "Legally responsible relative" means a spouse for a spouse, or a parent of a minor child.

(8) "Medicaid personal care services" means medically-oriented tasks, directed at the client or the client's immediate environment, that are necessitated by the client's handicapping condition. Such services shall be:

(a) Based on an assessment of applicant/client needs;

(b) Provided in conformance with a service plan ordered by the client's attending physician;

(c) Reviewed by a registered nurse at least every ninety days;

(d) Performed by qualified and trained personal care aides, excluding a legally responsible relative;

(e) Services shall be provided in a client's own home when the client is present in the home.

(9) "Medically-oriented tasks" means direct personal care services, household assistance provided as an integral but subordinate part of the personal care furnished directly to the client, and supervision.

(10) "Personal care aide" means a person meeting the qualification and training requirements established by the department and providing direct personal care services to clients. This person may be an employee of a qualified agency provider or may be under contract as a qualified individual provider.

(11) "Personal care assistance" means hands-on assistance with personal care tasks which require action by the provider beyond cuing, prompting, reminding, or supervising.

(12) "Personal care provider" means a qualified agency provider or a qualified individual provider who is not a legally responsible relative of the client and is under department contract to provide Medicaid personal care services.

(13) "Personal care service plan" means a plan which is:

(a) Developed by the department and the client or client's representative in cooperation with appropriate community agency staff;

(b) Written and describes the personal care services which will be provided, frequency of provision, and expected outcomes;

(c) Ordered by the client's physician.

(14) "Physician" means a doctor of medicine, osteopathy or podiatry, as defined under WAC 388-80-005(52), or the client's Christian Science practitioner.

(15) "Physician's order" means written approval by the client's attending physician of the specific personal services to be provided to the client.

(16) "Qualified agency provider" means a community agency which applied for licensing as a home care agency or home health agency.

(17) "Qualified individual provider" means a person meeting the individual provider qualifications established by the department.

(18) "Supervision" means unscheduled help with personal care tasks or protective supervision as defined under WAC 388-15-202, and is provided only when a client is assessed as needing personal care assistance with one or more direct personal care tasks.

C. ADMINISTRATIVE POLICY

1. Individual Providers

In the DCFS Medicaid Personal Care program, an "individual provider" is defined as any qualified person, not employed by an agency, and not a foster parent or legal guardian, engaged in the performance of Medicaid Personal Care services as authorized by the department. The individual provider in the Medicaid Personal Care program is considered to be the employee of the client, in this case, the child. Individual providers are not employees of the department. Payments made to individual providers are taxable income. Social Security taxes are withheld from these payments and W2 forms are generated for these providers. Please see Section VI, Assessment/Authorization, for SSPS code information.

When a foster parent is providing PCS to a foster child not his/her own (i.e., the child is the foster child of another foster parent), that foster parent has the same relation to that child as an individual provider, and the income generated from this activity is subject to taxation. Please see Section VI, Assessment/Authorization, for SSPS code information

2. Foster Parent Providers

Foster parent providers of personal care services, also, are not employees of the department. However, payments made to foster parents providing personal care services to their own foster children are not considered to be taxable income per 26 United States Code, Section 131, as they are considered to be "difficulty of care payments" and are exempt from foster parents' gross income. The department does not report to the IRS any personal care services payments made to foster parents. Legal guardians who are personal care services providers are treated the same as foster parent personal care services providers.

3. Agency Providers

An agency provider is an employee of a home care agency. DCFS contracts directly with the home care agency which, in turn, supplies the child with a personal care services provider. Payment is made to the home care agency and the agency is responsible for paying its employee and for reporting to the IRS.

D. ADMINISTRATIVE PROCEDURE

Use of Definitions

Use the above definitions when conducting an assessment or reassessment and when determining the number of hours of service needed by a child. Also, use these definitions when selecting an SSPS code by which to generate payment. (See Section VI, Assessment/Authorization, for further SSPS information, and for further information regarding the determination of number of monthly hours.)

IV. SERVICES PROVIDED

A. REVISED CODE OF WASHINGTON - None

B. WASHINGTON ADMINISTRATIVE CODE

Definitions of Services, WAC 388-15-202(3).

(3) "Personal care services" means assistance with both direct personal care and household tasks provided to clients functionally unable to perform all or part of such tasks listed in subdivisions (a) through (q) below. The type of help allowable for each task shall not include assistance that must be provided by a licensed health professional.

(a) "Ambulation" means assisting the client to move around. Ambulation includes supervising the client when walking alone or with the help of a mechanical device such as a walker if guided, assisting with difficult parts of walking such as climbing stairs, supervising the client if client is able to propel a wheelchair if guided, pushing of the wheelchair, and providing constant physical assistance to the client if totally unable to walk alone or with a mechanical device.

(b) "Bathing" means assisting client to wash self. Bathing includes supervising client able to bathe self when guided, assisting client with difficult tasks such as getting in or out of the tub or washing back, and completely bathing the client if totally unable to wash self.

(c) "Body care" means assisting the client with exercises, skin care including the application of ointments or lotions, changing dry bandages or dressings not requiring professional judgment. Body care excludes foot care beyond washing of feet and filing toenails, foot care for clients who are diabetic or have poor circulation or changing bandages or dressings when sterile procedures are required. Provision of body care tasks is limited. The client must be able to supervise the provision of these tasks.

(d) "Dressing" means assistance with dressing and undressing. Dressing includes supervising and guiding client when client is dressing and undressing, assisting with difficult tasks such as tying shoes and buttoning, and completely dressing or undressing client when unable to participate in dressing or undressing self.

(e) "Eating" means assistance with eating. Eating includes supervising client when able to feed self if guided, assisting with difficult tasks such as cutting food or buttering bread, and feeding the client when unable to feed self.

(f) "Essential shopping" means assistance with shopping to meet the client's health care or nutritional needs. Limited to brief, occasional trips in the local area to shop for food, medical necessities, and household items required specifically for the health and maintenance of the client. Essential shopping includes assisting when the client can participate in shopping and doing the shopping when the client is unable to participate.

(g) "Housework" means performing or helping the client perform those periodic tasks required to maintain the client in a safe and healthy environment. Activities performed include such things as cleaning the kitchen and bathroom, sweeping, vacuuming, mopping, cleaning the oven, and defrosting the freezer, shoveling snow. Washing inside windows and walls is allowed, but is limited to twice a year. Assistance with housework is limited to those areas of the home which are actually used by the client. This is not a maid service and does not include yard care.

(h) "Laundry" means washing, drying, ironing, and mending clothes and linens used by the client or helping the client perform these tasks.

(i) "Meal preparation" means assistance with preparing meals. Meal preparation includes planning meals including special diets, assisting clients able to participate in meal preparation, preparing meals for clients unable to participate, and cleaning up after meals. This task may not be authorized to just plan meals or clean up after meals. The client must need assistance with actual meal preparation.

(j) "Personal hygiene" means assistance with care of hair, teeth, dentures, shaving, filing of nails, other basic personal hygiene, and grooming needs. Personal hygiene includes supervising client when performing the tasks, assisting client when caring for own appearance, and performing grooming tasks for client when caring for own appearance, and performing grooming tasks for client when unable to care for own appearance.

(k) "Positioning" means assisting the client to assume a desired position. Positioning includes assistance in turning and positioning to prevent secondary disabilities, such as contractures and balance deficits.

(l) "Self-medication" means assisting the client to self-administer medications prescribed by attending physician. Self-medication includes reminding the client of when it is time to take prescribed medication, handing the medication container to the client, and opening a container.

(m) "Supervision" means being available to:

(i) Help the client with personal care tasks that cannot be scheduled, including toileting, ambulation, transfer, positioning, some medication assistance; and

(ii) Provide protective supervision to a client who cannot be left alone because of confusion, forgetfulness, or lack of judgment.

(n) "Toileting means assistance with bladder or bowel functions. Toileting includes guidance when the client is able to care for own toileting needs, helping client to and from the bathroom, assisting with bedpan routines, using incontinent briefs on client, and lifting client on and off the toilet. Toileting may include performing routine perineal care, colostomy care, or catheter care for the client when client is able to supervise the activities.

(o) "Transfer" means assistance with getting in and out of a bed or wheelchair or on and off the toilet or in and out of the bathtub. Transfer includes supervising the client when able to transfer if guided, providing steadying, and helping the client when client assists in own transfer. Lifting the client when client is unable to assist in their own transfer requires specialized training.

(p) "Travel to medical services" means accompanying or transporting the client to a physician's office or clinic in the local area to obtain medical diagnosis or treatment.

(q) "Wood supply" means splitting, stacking, or carrying wood for the client when the client uses wood as the sole source of fuel for heating and/or cooking. This task is limited to splitting, stacking, or carrying wood the client has at own home. Using a chain saw or felling trees is not allowable.

C. ADMINISTRATIVE POLICY

Program Limitations

1. Medicaid Personal Care services shall not include tasks which clearly should be provided by persons with the proper professional training, such as a registered nurse, licensed practical nurse, or licensed therapist. Examples of such tasks are insertion and sterile irrigation of catheters, application of dressings requiring professional judgment, injecting fluids into veins, muscles or skin, and administering of medicine.

2. Cleaning areas of the home not occupied by the child, laundering clothing or bedding for someone other than the child, and shopping for groceries or household items not required specifically for the health and maintenance of the child shall not be provided under the Medicaid Personal Care Services program.

3. Household assistance as defined in WAC 388-15-820(6) shall not be authorized in a children's foster family home, or a children's group care facility. The tasks designated as household assistance, i.e., meal preparation, laundry, housework and wood supply, would be considered normal functions performed by foster parents or group care facility staff. In unusual and very well documented instances, a social worker may ask for an exception to policy for household assistance. An example of this might be a situation where a child has a special diet so complicated and time consuming to prepare that the foster parent or group care facility staff could be considered to be unduly burdened by this task. In such a situation, the social worker would write an exception to policy referencing WAC 388-15-820(6). Do not score points for household assistance on the Comprehensive Assessment form. The social worker should make a defensible estimate as to how many additional hours are needed and record this only on the Exception to Policy form with the correct WAC reference above. In no instance will a child receive household assistance unless he/she will also receive at least one direct personal care service.

4. Supervision hours may not be paid to a primary caretaker Personal Care Services provider. For the purposes of the Personal Care Services program in DCFS, a foster parent and a legal guardian are treated the same, i.e., they are both primary caretakers. Supervision is considered to be an integral part of the primary caretaker role. Supervision hours may be paid to a nonprimary caretaker Personal Care Services provider, however. The need for supervision hours must be justified and well documented on the Comprehensive Assessment form. The guiding principle to follow in determining the use of supervision hours is the comparison between how much supervision is required by a normally developing child of the same age as opposed to how much is required by the child for whom the Personal Care Service Plan is being written. Supervision hours may not be paid unless a child will receive at least one direct personal care service.

D. ADMINISTRATIVE PROCEDURE - None

V. ELIGIBILITY

A. REVISED CODE OF WASHINGTON - None

B. WASHINGTON ADMINISTRATIVE CODE

Medicaid Personal Care Services - Eligibility, WAC 388-15-830.

(1) The department shall provide Medicaid personal care services to a person:

(a) Certified as a Title XIX eligible categorically needy medical assistance client;

(b) Programmatically eligible; that is, due to a handicapping condition, is determined to need personal care assistance with one or more direct Medicaid personal care tasks to remain in a community residence;

(c) Residing in own residence, in a licensed and contracted adult family home, a licensed boarding home under department contract, a children's foster family home, or a children's group care facility; and

(d) With a physician's order approving specific personal services.

(2) A person's eligibility for Medicaid personal care services shall begin upon date of the department's service authorization.

C. ADMINISTRATIVE POLICY

1. Eligibility Process for Children in Foster or Group Care

a. DCFS shall provide Medicaid personal care services to a child:

(1) Certified as a Title XIX eligible categorically needy medical assistance client. Children residing in family foster or group care are considered categorically needy.

(2) Programmatically eligible, i.e., has been determined that, due to a nonpsychiatric medically handicapping condition, is in need of Medicaid personal care services to remain in community residence; and

(3) Needing at least one direct personal care service; and

(4) Living in a children's foster family home or a group care facility; and

(5) Having a physician's order approving specific personal care services to be provided.

2. Eligibility shall begin when all of the criteria in a. (1) through (5) above are met.

3. Responsibility for Eligibility Determination

a. DCFS social workers shall determine eligibility for children residing in foster homes or group homes.

b. Final eligibility shall be determined by the child's attending physician.

4. Eligibility Process for Children in Their Own Homes

a. If the child is a client of DDD, DDD is responsible for determining eligibility and setting up the personal care services plan. Refer the family to their DDD worker.

b. If the child may be eligible for DDD services, refer the family for a DDD intake evaluation. The DCFS social worker and the DDD worker should evaluate the urgency of the family's need and decide if DCFS or DDD should initiate the personal care services plan. Consider the length of time it will take for DDD to determine the child's eligibility for DDD services. If the child is DDD eligible, the service plan and financial responsibility are transferred to DDD. If the child is not eligible for DDD services, the case is the responsibility of DCFS.

c. If the child is not a DDD client, or is waiting for a DDD evaluation, the DSHS Community Services Office (CSOs) shall determine if the child is considered to be a Title XIX eligible categorically needy medical assistance client. The DCFS social worker is responsible for referring the child and his/her family to the CSO for the eligibility determination.

d. If it is determined that the child's personal care service plan should be handled by DCFS, DCFS social work staff should proceed in the same manner as with a foster or group care child:

(1) DCFS staff shall determine if the child is programmatically eligible, i.e., if the child has a nonpsychiatric medically handicapping condition and is therefore in need of Medicaid personal care services to remain in community residence.

(2) DCFS staff shall determine if the child is in need of at least one direct personal care service.

(3) DCFS staff shall assist the child and family to obtain a physician's statement approving or disapproving specific personal care services to be provided.

5. Physician Authorization

a. Use the DSHS 15-213(x), Personal Care Physician's Authorization, to submit the list of proposed services to the child's attending physician. <u>The signed letter must be received from the physician prior to authorization of Medicaid personal care services</u>.

b. A new physician's authorization must be obtained each time a personal care services plan is reassessed. Reassessment must occur at least once every twelve months; more frequently if there are significant changes in the service plan.

c. Forward a copy of the assessment to the Area Agency on Aging (AAA) which will be providing nurse oversight for the personal care services plan after the signed DSHS 15-213(X), Personal Care Physician's Authorization, has been received. (Assessment and reassessment are discussed in Section IV.) The new assessment should accurately reflect the services to be provided to the child per the recommendations made by the physician in the physician's authorization form. (For further clarification of the role of the Area Agency on Aging, refer to Section 7, Nurse Oversight.)

VI. ASSESSMENT/AUTHORIZATION

A. REVISED CODE OF WASHINGTON

Legislative Intent, RCW 74.09.520

(4) The department shall design and implement a means to assess the level of functional disability of persons eligible for personal care services under this section. The personal care services benefit shall be provided to the extent funding is available according to the assessed level of functional disability. Any reductions in services made necessary for funding reasons should be accomplished in a manner that assures that priority for maintaining services is given to persons with the greatest need as determined by the assessment of functional disability.

B. WASHINGTON ADMINISTRATIVE CODE

Assessment - Authorization, WAC 388-15-840

(1) The department staff shall perform a person's assessment or use assessment information received which has been administered as required under WAC 388-15-202 through 388-15-205.

(2) When a child is assessed, the assessor shall consider the personal care applicant's age in determining if the degree of personal care needed is appropriate to the child's age, or is the result of the applicant's functional impairment. The assessor shall only assess need for personal care services exceeding the level of age appropriate personal care.

(3) The assessor shall perform an assessment or reassessment within the department-established time frames.

(4) The department shall be responsible for authorizing Medicaid personal care services.

(5) For each task listed on the assessment form, the department staff shall determine the degree of assistance needed as required under WAC 388-15-203.

(6) A client's attending physician shall review and reauthorize the client's service plan at least once every twelve months.

C. ADMINISTRATIVE POLICY

1. Responsibility for Assessment and Reassessment

a. The DCFS social worker shall perform the initial assessment for foster or group care children and for children in their own homes who are applying for Medicaid personal care services. For foster children and children in group care, DCFS staff shall assess need for personal care services within thirty working days of a child's placement into ongoing foster care or group care.

b. If personal care services are needed, the child's physician must receive the completed assessment within five working days of the completion of the assessment. Physicians must review and approve services at least every twelve months.

c. Each child receiving Medicaid personal care services shall receive a reassessment at least annually, and at the point of each significant change in the child's service plan that would affect the number of personal care service hours allowed.

d. The Area Agency on Aging (AAA) providing nurse oversight for the child's PCS plan shall receive copies of all assessments, reassessments and authorizations for Medicaid personal care services no later than ten days after the authorization date. (See Section VII for further information about nurse oversight.)

2. Authorization

a. DCFS staff shall authorize services within three working days after receipt of the physician's order.

b. The effective date of authorization shall be the date when all of the following criteria are satisfied:

(1) Financial eligibility is verified;

(2) Programmatic eligibility is determined;

(3) The child's caretaker/guardian/parent approves the service plan;

(4) The physician's order is received; and

(5) The provider selected is qualified for payment.

D. ADMINISTRATIVE PROCEDURE

1. Assessment/Reassessment

a. The DSHS 14-327(X), Comprehensive Assessment, shall be the form used for the initial assessment of both foster/group care children and children living in their own homes and in relative placement. The DSHS 15-221, Service Plan, is to be filled out at the same time as the Comprehensive Assessment form and accompanies the Comprehensive Assessment form. Both should be filled out during a home visit with the child and caretakers present. In assessing the child, the assessor should compare the child's abilities with those of a normally developing child of the same age to determine the child's level of need for personal care services.

b. Use the DSHS 15-213(X), Personal Care Physician's Authorization, to submit the list of proposed services to the child's attending physician. Personal care services cannot begin until the date of the physician's signature, so it is necessary to send the form as soon as possible to receive a timely response.

c. Have all providers (except home care agency providers) fill out Personal Care Provider Experience/Training Statements and file in the document section of the child's service record.

d. Request a Criminal History and Background Inquiry (DSHS 14-239) for all personal care service providers (should already be completed for foster parent providers) and file in the document section of the child's service record.

e. Complete a Provider Agreement for each personal care service provider (including foster parent providers) and file in the document section of the child's service record. Home care agency providers need not fill out this form: this should already have been done by a representative of the agency at the time DCFS entered into a contract with the agency.

f. When all of the above documents are complete, initiate Medicaid personal care services (no earlier than the date on the Physician's Statement) as follows:

(1) Initiate SSPS code 4910, 4920 or 4940, whichever code applies. Also, initiate SSPS code 4930 for nurse oversight. (See Section VII for Nurse Oversight.) Complete instructions regarding SSPS codes are provided in the paragraphs under 2. Authorization which follow on page VI-5.

(2) Send copies of the SSPS forms, Comprehensive Assessment (DSHS 14-327(X)), and Service Plan (DSHS 15-221) to the Area Agency on Aging (AAA) which will be providing nurse oversight, using local office policy.

(3) If the personal care service plan is over 60 hours, an exception to policy is required. Use WAC 388-15-880(5) as the citation for the policy.

(4) File copies of the Comprehensive Assessment, the Service Plan, the Physician's Statement, and the approved exception to policy (if applicable) in the document section of the child's service record.

g. Each six months, update SSPS authorizations and renew the exception to policy (if applicable).

h. Each twelve months, obtain a new Physician's Statement and fill out a DSHS 14-328(X), Interim Reassessment/ Termination form and a DSHS 15-221(X), Service Plan. File the Interim Reassessment/Termination form and the Service Plan in the document section of the child's service record and send copies to the AAA nurses. File the Physician's Statement in the document section of the child's service file.

When doing an annual reassessment or a reassessment made necessary by changes in the child's circumstances, the DCFS worker may use the Interim Reassessment/Termination form with only the pages from the Comprehensive Assessment that reflect the changes attached to it, **UNLESS** the changes in the child's situation are so great that a full new Comprehensive Assessment form is required to adequately reflect all the changes or, **UNLESS** the Interim Reassessment/ Termination form with the attached relevant pages from the Comprehensive Assessment form has been used so many times that it no longer presents a coherent

representation of the child's condition or PCS needs. In these cases, it is necessary to complete an entire new Comprehensive Assessment form.

i. Whenever significant changes occur that would affect the number of personal care service hours allowed, fill out an Interim Reassessment/Termination form and a Service Plan, following the instructions on the forms, and obtain a new Physician's Statement. File the originals in the document section of the child's service file. SSPS forms will also have to be updated to reflect the changes in the plan. Send copies of the above documents to the Area Agency on Aging nurses.

j. Notify AAA nurses of child deaths or changes in placement using both SSPS and the Interim Reassessment/Termination form.

2. Authorization

Complete the DSHS 14-154/159 to authorize Medicaid personal care services.

a. Authorizations for personal care service providers who are also the foster parents, or who are legal guardians who have juvenile court established guardianships should be completed as described in the following paragraphs.

(1) If the foster parent or a legal guardian is the personal care service provider, use SSPS code 4910. This code is never to be used to generate payment to any other category of PCS provider than a foster parent provider or a legal guardian providing service to his/her own foster child. It includes DCFS licensed foster parents and private child placing agency licensed foster parents. All of the following instructions regarding foster parents apply to guardians with juvenile court established guardianships.

If the foster parent provider is a DCFS licensed foster parent, fill out Items 7 through 11 on the DSHS 14-154/159 in the upper left hand corner of the form with the foster parent name, provider number, etc. Leave Items 12 through 16 in the upper right hand corner of the form blank. The payment will then go directly to the DCFS licensed foster parent PCS provider.

If the foster parent PCS provider is licensed through a private child placing agency, fill in Items 7 through 11 on the DSHS 14-154/159 with the foster parent provider information. Then, in the upper right hand corner of the form, fill out Items 12 through 16 with the private child placing agency information. In the case of the private child placing agency licensed foster parent provider, the payment for personal care services goes to the private agency and the agency will pay the foster parent provider.

(2) The maximum number of hours that can be approved (with an exception to policy) for a foster parent PCS provider is 116 per month. This number represents only direct personal care service hours because a foster parent cannot be authorized supervision hours. If supervision hours can be justified for a particular child's plan of care, an individual provider may be hired to provide supervision hours. If this is done, additional hours can be added to the child's plan of care until a maximum of 160 hours is reached. The combined foster parent provider hours plus the individual provider hours can never exceed 160 hours. The maximum number of personal care service hours that can be authorized for any child's plan of care is 160. If the number of hours required by the child's plan of care is greater than 60, an exception to policy is required. Use WAC 388-15-880(5) as the citation of policy. If the exception to policy is approved for over 60 hours, open the first line of the DSHS 14-154 for 60 hours using SSPS code 4910. For the remaining hours, open the second line of the DSHS 14-154 coded 94910. If supervision hours are to be provided by an individual provider, a second SSPS form will have to be opened up using SSPS code 4920 to generate payment to that provider. See the following section b. which discusses authorizations for individual providers for procedures.

(3) <u>Always</u> open up SSPS code 4930 in conjunction with the 4910 code (or any other PCS payment code) for personal care service nurse oversight from the local Area Agency on Aging. The 4930 code must remain open the entire time that the 4910 payment code is open. A separate SSPS form 14-154 is required for SSPS code 4930. Always be sure to use the local AAA's provider number

on the SSPS form 14-154, and remember that **the AAA that operates in the area in which the child resides** is the AAA that will provide the nurse oversight. Send copies of completed SSPS forms to the AAA nurses.

(4) Each six months, if the child remains eligible and continues to require personal care services, submit a new exception to policy (if applicable) and renew the SSPS codes on the DSHS 14-159 following the same procedures as above. Send copies of the updated SSPS forms to the AAA nurses.

b. Authorizations for nonfoster parent individual personal care service providers should be completed as described in the following paragraphs.

(1) If the provider is an individual personal care service provider, use SSPS code **4920**. This code is never to be used to generate payment to a foster parent personal care service provider, nor to a provider who is an employee of a home care agency. If the provider is a foster parent, but is providing PCS to another foster parent's foster child, then SSPS code 4920 should be used. In this situation, the provider, although a foster parent, must be considered an individual provider in relation to the child for whom services are being provided.

(2) The maximum number of hours that can be approved for an independent provider (with an exception to policy) is 160 hours per month. This number is **not** in addition to the hours authorized for a foster parent and/or an agency provider. The maximum number of personal care hours that can be authorized for any child's plan of care is 160. This number includes both direct PCS hours <u>and</u> supervision hours. If the number of hours required by the child's plan of care is greater than 60, an exception to policy is required. Use WAC 388-15-880(5) as the citation of policy. If the exception to policy is approved for over 60 hours, open the first line of the DSHS 14-154 for 60 hours using SSPS code 4920. For the remaining hours, open the second line of the DSHS 14-154 coded 94920. If more than one individual provider is used, a separate SSPS form must be used to generate payment to each provider.

(3) Always open SSPS code **4930** in conjunction with the 4920 code for personal care service nurse oversight from the local Area Agency on Aging. The 4930 code should be kept open for the entire time that the 4920 payment code is open. A separate SSPS form 14-154 is required for SSPS code 4930. Always be sure to use the local AAA's provider number on the SSPS form 14-154, and remember that **the AAA that operates in the area in which the child resides is the AAA that will provide the nurse oversight.** Send copies of the completed SSPS forms to the AAA nurses.

(4) Each six months, if the child remains eligible and continues to require personal care services, submit a new exception to policy (if applicable) and renew the SSPS codes on the DSHS 14-159 following procedures as above. Send copies of the updated SSPS forms to the AAA nurses.

c. Authorizations for personal care service providers who are employees of home care agencies should be completed as described in the following paragraphs.

(1) If the PCS plan is to use an employee of a home care agency, the social worker should check with the regional contracts coordinator to verify the status of the contract between DSHS and the home care agency. The negotiation of contracts with home care agencies will be handled at the regional level using the standardized contract form #0608.

(2) When a valid contract between DSHS and the home care agency is in place, the social worker may proceed to authorize PCS using SSPS code **4940**. This code is to be used only to authorize payment for a PCS provider who is an employee of a home care agency. On the DSHS 14-154/159, the name, provider number and other data of the home care agency is entered in items 7 through 11 in the upper left hand portion of the form. The warrant is to be issued to the home care agency and that agency is responsible for making payment to its employees.

(3) When an employee of a home care agency is to be the PCS provider, the number of hours that can be authorized per month will always be less than the number of hours that can be authorized for a foster parent provider or an independent provider because the cost per hour for a home

care agency employee is always higher than that for a foster parent or an independent PCS provider. The number of hours that can be authorized will depend on the cost per hour charged by the contracting home care agency. The monthly dollar amount may not exceed what it would cost to pay for 160 PCS hours provided by an independent PCS provider in accordance with the current hourly rate schedule. To determine the cost of 160 PCS hours, multiply 160 times the current hourly rate for nonagency providers. The number of PCS hours to be provided by the home care agency PCS provider cannot result in a monthly payment higher than the amount yielded by the above formula. The number of hours can be any combination of direct PCS hours and supervision hours. This amount may **not** be added on to other hours being provided by a foster parent or individual provider. Whatever amount is yielded by use of the above formula is the maximum dollar amount that may be expended on any child's plan of care.

(4) If the child's plan of care exceeds 60 hours per month, an exception to policy is required. Use WAC 388-15-880(5) as the citation of policy. If the exception is approved, authorize the first 60 hours using SSPS code 4940 on the first line of the DSHS 14-154/159 form. On the next line, authorize the remaining hours coded 94940. **Always** open SSPS code **4930** in conjunction with the 4940 code for personal care service nurse oversight from the local AAA. The 4930 code should be kept open for the entire time that the 4940 payment code is open. A separate DSHS 154/159 is required for SSPS code 4940. Always be sure to use the local AAA's provider number on the DSHS 14-154/159, and remember that **the AAA that operates in the area in which the child resides is the AAA that will provide the nurse oversight**. Send copies of the completed SSPS forms to the AAA nurses.

(5) Each six months, if the child remains eligible and continues to require personal care services, submit a new exception to policy (if applicable) and renew the SSPS codes on the DSHS 14-159 following procedures as indicated above. Send copies of the updated SSPS forms to the AAA nurses.

VII. NURSE OVERSIGHT

A. REVISED CODE OF WASHINGTON - None

B. WASHINGTON ADMINISTRATIVE CODE

Medicaid Personal Care Services - Nurse Oversight - WAC 388-15-850.

(1) A Registered Nurse shall visit the client at least once every 90 days not to exceed four visits in any one year period to:

(a) Review the client's medical and mental condition;

(b) Review the service plan determining if revisions may be required and, if so, recommend revisions;

(c) Review the client's need for continued care;

(d) Assess the quality of personal care services received; and

(e) Assess the personal care provider's need for additional training.

(2) The Registered Nurse shall document the result of the nurse's oversight visit on the department-prescribed form.

C. ADMINISTRATIVE POLICY

1. Nurse Visit

a. During the ninety day review, the nurse shall:

(1) Visit the child while the personal care provider is present and observe the provider while performing personal care tasks;

(2) Document the provider's ability to perform the personal care tasks included in the child's service plan;

(3) Provide the provider with training in how to perform specific tasks, if necessary, or document the provider's training needs according to Area Agency on Aging policy; and

(4) Assist in resolving any problems which may exist between the provider and child or document these problems according to Area Agency on Aging policy.

2. Results of the nurse oversight visits shall be forwarded to the DCFS office when service plan changes are recommended or the provider's performance or training needs are an issue.

3. In cases where the PCS provider is an employee of a home care agency, the results of the nurse oversight visits shall also be forwarded to the home care agency when aide performance or training needs are an issue.

D. ADMINISTRATIVE PROCEDURES

1. Upon notification by the Registered Nurse that a change of service plan is necessary, the DCFS service worker shall:

a. Reassess the child to determine if any change in the personal care service plan is necessary.

b. If no change in the service plan is found to be necessary in the social worker's professional judgment, the social worker should communicate this to the AAA nurse via a memo, making sure to file a copy in the document section of the child's service record.

c. If the social worker concurs with the nurse that a change in the service plan is necessary, the worker should fill out a DSHS 14-328(X), Interim Reassessment/Termination form, a DSHS 15-221(X), Service Plan, and obtain a new Physician's Statement DSHS 15-213(X).

d. Reauthorize services on the SSPS form reflecting the changes.

e. File originals of the paperwork in 1.c. above in the documents section of the child's case record. Send copies of the Interim Reassessment/Termination form, the Service Plan, and the SSPS forms to the AAA nurses.

f. The DCFS social worker shall advise the nurse of the decision and result within 15 working days after receipt of the RN visit summary recommending a change in the service plan.

2. Documentation of Nurse Visits

The Registered Nurse providing nurse oversight services documents the results of visits on the Medicaid Personal Care Registered Nurse Visit Summary form, available through the Area Agency on Aging.

VIII. PERSONAL CARE AIDE QUALIFICATIONS

A. REVISED CODE OF WASHINGTON - None

B. WASHINGTON ADMINISTRATIVE CODE

Medicaid Personal Care Services - Personal Care Aide Qualifications, WAC 388-15-860(1)(2)(3).

The Department shall:

(1) Define minimum qualifications for a personal care aide and require an aide meet the qualifications;

(2) Define minimum orientation and training requirements for a personal care aide and require documentation stating minimum requirements are met; and

(3) List definitions for minimum qualifications and training requirements for a personal care aide in the department's field manual for Medicaid personal care.

Personnel (Home Care Agency), WAC 246-336-095(1)(2).

(1) The agency shall establish written personnel and volunteer policies including, but not limited to:

(a) Personnel and volunteer qualifications commensurate with anticipated job responsibilities;

(b) Employment criteria without regard to sex, race, age, creed, handicap, national origin, or sexual orientation.

(c) Orientation and in-service training appropriate to each classification of personnel and volunteer and the tasks he or she is expected to perform, including information about safety and emergency procedures;

(d) Evidence of pre-hire screening; and

(e) Annual or more frequent performance evaluations including:

(i) Knowledge of safety pertinent to job assignment;

(ii) Conformance with agency policies and procedures; and

(iii) Observation of performance of personnel in the environment appropriate to job expectations.

(2) The agency shall maintain records, including:

(a) Qualifications of personnel and direct participant care volunteers;

(b) Evidence of current licensure, certification, or registration, when applicable to job requirements;

C. ADMINISTRATIVE POLICY

1. General Qualifications

Personal care aides shall meet the following criteria:

a. Not an immediate relative of the client (parent, or spouse);

b. Eighteen years of age or older;

c. Adequate physical health to meet the needs of the child, i.e., appropriate for age and any special needs of the child;

d. Knowledge of how and when to use a telephone; and how to seek help from others (e.g., doctor, nurse, case manager, child's representative or appropriate others);

e. Willingness to participate in a training program when required;

f. Knowledge and ability to perform personal care tasks gained from experience or training; or the capacity to learn how to perform such tasks;

g. Knowledge of acceptable standards of performance, including the necessity to perform dependably, report punctually, maintain flexibility, and to demonstrate kindness and caring to the child;

h. Sufficient communication skills to convey and understand information required to implement written plans of care and/or verbal instructions;

i. Ability to observe the child for symptoms indicative of a possible change in health status such as excessive crying, decreased ability to cooperate, loss of appetite, etc.;

j. Ability to respond to emergencies without direct supervision in accordance with DSHS policies;

k. Ability to work independently; and

l. Willingness to provide references.

2. Role of Home Care Agencies Providing PCS Aides for DCFS Children

The provider agency shall:

a. Screen all applicants to ensure general qualification criteria are met; and

b. Provide any assistance that the Division of Children and Family Services may require as the Division completes the Criminal History and Background Inquiry on any staff employed by the home care agency as a personal care service provider. Because this inquiry also entails the CPS investigation, only DCFS can perform the background inquiry. Copies cannot be released by DCFS.

3. Qualifying Individual Providers

The social worker shall screen individual providers to determine if they meet qualifications at the time the service plan is developed. The social worker shall ensure that minimum qualifications are met by all service providers.

4. Foster Parent Providers

Before placement of the child, the social worker shall screen the foster parent who intends also to provide personal care services to the child to ensure that the foster parent has the appropriate understanding and experience to provide personal care services to that particular child.

5. Training Requirements

The Area Agencies on Aging (AAA) shall ensure that training is available to all personal care providers within their service area.

a. The Registered Nurse, providing nurse oversight services, trains the individual providers and the foster parent providers as needed.

b. The AAA monitors each provider agency within their service area for compliance with employee training requirements.

c. The registered nurse monitors training of all providers in the course of the 90-day assessment.

6. Failure to Comply With Training Requirements

a. Failure of provider agencies to comply with training requirements for home care aides may result in termination of the agency contract to provide Medicaid Personal Care Services.

b. Failure of individual providers to comply with training requirements for personal care service provision may result in termination of the individual provider contract to provide Medicaid Personal Care Services.

c. Failure of foster parent providers to comply with training requirements for personal care service provision may result in placement of the child in another foster home where the foster parent is willing to comply with training requirements.

D. ADMINISTRATIVE PROCEDURE

1. Provider Qualifications

a. The Registered Nurse providing service oversight at 90-day intervals monitors Medicaid Personal Care providers' qualifications and participation in required training.

b. The service worker documents the individual provider's and/or the foster parent provider's qualifications and training needs on the assessment or reassessment summary.

c. Either the Registered Nurse providing nurse oversight or the service worker may request training of personal care providers.

2. Failure to Comply With Training Requirements

a. The Registered Nurse communicates all providers' compliance with training requirements to the DCFS office on the Registered Nurse visit summary.

b. Failure by a service provider to comply with the training requirement for two consecutive 90-day nurse visits results in:

(1) Termination of contract of an individual provider; or

(2) A replacement worker being provided by the provider agency.

(3) If the PCS provider is a foster parent, and it is apparent that the foster parent does not have the requisite skills to provide PCS to the child and will not get the necessary training to acquire them, the child should be placed in another foster home to prevent risk to the child.

3. Changes in Service Plan and Training Requirements

When authorizing new services for a child receiving Medicaid Personal Care services, the provider's skills to provide the new services must be assessed. If the provider needs task specific training:

a. Continue authorization of other tasks being performed by the provider;

b. Direct the provider to receive the task specific training available through nurse oversight or provider agencies; and

c. Contract with another provider for the specific tasks on a short-term basis if the current service plan employs a provider not yet qualified to perform the added tasks.

FORMS

1. DSHS 15-213(X), PHYSICIAN'S STATEMENT

2. PERSONAL CARE PROVIDER EXPERIENCE/TRAINING STATEMENT

3. PROVIDER AGREEMENT

4. DSHS 14-239(X), CRIMINAL HISTORY AND BACKGROUND INQUIRY

5. DSHS 14-327(X), COMPREHENSIVE ASSESSMENT

6. DSHS 15-221(X), COMPREHENSIVE ASSESSMENT SERVICE PLAN AND DSHS 15-221A(X)

7. DSHS 14-328(X), COMPREHENSIVE ASSESSMENT INTERIM REASSESSMENT/TERMINATION

8. DSHS 05-010, EXCEPTION REQUEST

9. DSHS 14-154/159, SSPS FORMS

SSPS CODES

1. 4910 Pers Care Fos Parent - Payment for foster parent provider.

2. 4920 Pers Care Hourly - Payment for individual provider.

3. 4940 Pers Care Agency Contract - Payment for agency provider.

4. 4930 Pers Care Nurse Oversight - Oversight services from AAA.