



CD Services Personal Care Training

Presented by
The Department of Medical Assistance Services
Office of Community Living



Agenda

- **Introduction**
- **Definitions**
- **Service Initiation**
- **Personal Care (PC) Services**
- **PC Categories, Tasks, and Forms**
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Regulation Definition

The Virginia Administrative Code defines Personal Care (or Personal Assistance) as:

12VAC30-120-900. Personal assistance service.

Personal care services" means a range of support services necessary to enable the waiver individual to remain at or return home rather than enter a nursing facility and that includes assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), access to the community, self-administration of medication, or other medical needs, supervision, and the monitoring of health status and physical condition.

Personal care services shall be provided by aides, within the scope of their licenses/certificates, as appropriate, under the agency-directed model or by personal care attendants under the CD model of service delivery.

<https://law.lis.virginia.gov/admincode/title12/agency30/chapter120/section900/>

What is Personal Care?

Personal Care (PC) Services provide necessary support that enable Medicaid waiver members to remain at or return home rather than enter an institution. Providing these services appropriately ensures members have the opportunity to thrive as active participants in their communities.

These services are available in the:

- CCC Plus: Commonwealth Coordinated Care Plus Waiver
- DD Waivers: Community (CL) Waiver & Family and Individual Supports (FIS) Waiver
- Early and Periodic Screening, Diagnosis and Treatment (or EPSDT) Program

Service Initiation

Medicaid providers are an important part of assessing the needs of an individual. Each Provider must determine whether service initiation is appropriate. A provider/SF should not initiate services if any one of the following is determined during the initial assessment:

- The individual is not appropriate for waiver services due to health, safety, or welfare concerns;
- The provider cannot meet the individual's care needs;
- The individual does not have a viable back-up plan; or
- An appropriate Plan of Care cannot be developed to meet the individual's needs.

Personal Care (PC) Services

PC Services Include:

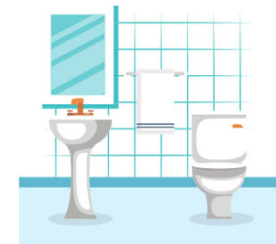
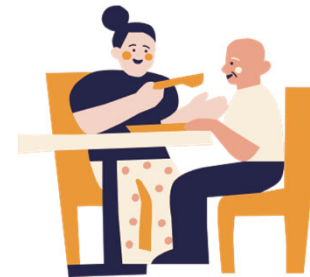
- Assistance with activities of daily living (ADLs)
- Instrumental activities of daily living(IADLs)
- Access to the community
- Self-administration of medication or other medical needs
- Monitoring of health status and physical condition
- Special Maintenance



Activities of Daily Living

Examples of ADLs:

- Taking a bath or other personal hygiene
- Dressing and Grooming
- Assisting with ambulation
- Transferring safely from one position to another
- Assisting with eating
- Toileting practices that do not require skilled care or services



Key Reminders:

- Providers must work with the member to determine the amount of time needed to complete each task.
- The amount of time listed on the plan of care should be based on the attendants/aides providing active support.
- For example, how long will it take to actively perform the bathing process?

Instrumental Activities of Daily Living (IADLs)

Allowable tasks included in IADLs -

- Meal preparation, shopping, housekeeping and laundry
- Providing member support at work and other places in the community
- Money management (only in CD services)
- Shopping
- Medical appointment
- Work/school/social activities



Key Reminders:

- **When developing the LRI plan of care, providers must ensure these tasks are not included.**
- **Legally Responsible Individual (LRI) attendants/aides cannot be paid to perform IADLs.**

Special Maintenance

Special Maintenance Categories Include:

- Monitoring vital signs
- Supervision of self-administration of medication
- Range of Motion*
- Wound Care*
- Bowel/Bladder Program*

Please note: Categories with an asterisk () require a physician's order.*

Supervision

Individuals may not always require constant ADL supports, but there may be a need to have services when they cannot be safely left alone and no one in their support system is home.

Supervision is appropriate when the member:

- Has a medical or physical condition that prevents them from being left alone at any time
- Is unable to call for help in case of an emergency
- Has no competent adult in the home who can dial 911 during an emergency
- Needs the services to ensure their health, safety, and/or welfare

When supervision is requested, a *Request for Supervision Hours in Personal Care* form (DMAS 100) must be submitted. Chapter IV of the CCC Plus manual provides extensive supervision utilization and eligibility guidance.

Supervision Form

DMAS - 100

Request for Supervision Hours in Personal Care

Includes information related to:

- Cognitive Status
- Physical Incapacity
- Assistance Limitations
- Support System

Must accompany any request for personal care supervision hours.

Provides justification for the service.

REQUEST FOR SUPERVISION HOURS IN PERSONAL CARE

Participant Name: _____ Medicaid ID: _____

Primary Provider: _____ Provider Number: _____

I. PARTICIPANT COGNITIVE AND PHYSICAL NEEDS WHICH JUSTIFY NEED FOR SUPERVISION

A **Cognitive Status:** Describe the participant's cognitive status and the impact it has on his/her behavior. If the participant is confused at different times of the day, please explain. State whether the participant can/cannot be left alone. If the participant can be left alone without being a danger to self or others, what is the maximum amount of time that he/she can be left alone? Does the participant have appropriate judgement/decision making abilities? *(Be as detailed as possible. It is important that the RN/SF make a correct appraisal of the cognitive status of the participant. Cognitive impairment is defined as a severe deficit in mental capability that affects areas such as thought processes, problem-solving, judgment, memory, or comprehension and that interferes with such things as reality orientation, ability to care for self, ability to recognize danger to self or others, or impulse control.)*

B **Physical Incapacity:** Describe the degree of physical incapacity and how it justifies a need for supervision.

1. Incontinence:
Bowel: _____ Frequency of Changes: _____
Bladder: _____ Frequency of Changes: _____
2. Can the participant change position/shift/transfer without assistance?
3. Skin Breakdown *(Note areas affected/recently documented problems within the last year, including dates):*
4. Potential for skin breakdown *(Based on current condition and frequency of incontinence changing, ability to shift position, history of past skin problems. Note whether the potential breakdown is temporary or ongoing.):*
5. Falls *(Describe any falls that have occurred during the past 3 months, including dates and times of fall(s), and the scenario of the fall(s). Interactions and side effects of medications that may have contributed to the fall(s) must be included. Document what interventions, if any, have been put in place to prevent future falls:*

C The participant can call (via telephone) for assistance: Yes No

If No, explain: _____

Nurse Delegation

Personal care attendants or aides ***may not*** be reimbursed for providing skilled services to Medicaid Members **unless** delegated by a Registered Nurse (RN). Some examples of these services include:

- Performing tracheostomy care
- Gastrostomy tube (G-tube) feedings
- Intravenous (IV) therapies
- Surgical wound care



When tasks are delegated by a nurse, documentation of the attendant training, supervision, and other related information must be kept by the SF/provider.

Helpful Tip: Specific delegation of skilled services guidance, including exemption criteria is located in the CCC Plus Waiver Provider manual.

PC Services Form

DMAS – 99

Community-Based Member Assessment

Document that provides guidance in demonstrating member care needs.

Completed during initial and 6-month reassessment visits.

Areas for evaluation and documentation include:

- Functional Status
- Medical Nursing Information
- Support System
- RN/LPN Supervision
- Consistency and Continuity
- Nursing Notes

Community-Based Care Member Assessment

Agency-Directed Services Consumer-Directed Services Assessment Date: _____
 Initial Visit Routine Visit Six-Month Re-assessment

Member's Name: _____ Date of Birth: _____
 Medicaid ID #: _____ Start of Care: _____
 Member's Address: _____ Current _____ Agency Name: _____
 Address: _____ Agency Name: _____
 Member's Phone: () _____ Provider ID #: _____

ADLs	Needs No Help	MH Only	Human Help		MH & Human Help		Always Performed By Others	Is Not Performed At All
			Supervise	Phys. Asst.	Supervise	Phys. Asst.		
Bathing								
Dressing								
Toileting								
Transferring								
Eating/Feeding								

CONTINENCE	Continent	Incontinent < Weekly	Incontinent Self Care	Incontinent Weekly or >	External Device Not Self Care	Indwelling Cath Not Self Care	Ostomy Not Self Care
Bowel							
Bladder							

MOBILITY	Needs No Help	MH Only	Human Help		MH & Human Help		Confined Moves About	Confined Does Not Move About
			Supervise	Phys. Asst.	Supervise	Phys. Asst.		

ORIENTATION	Oriented	Disoriented-Some Spheres/Sometimes	Disoriented-Some Spheres/All Times	Disoriented-All Spheres/Sometimes	Disoriented-All Spheres/All Times	Semi-Comatose/Comatose

Spheres Affected: _____ Source of Info: _____

BEHAVIOR	Appropriate	Wandering/Passive < Than Weekly	Wandering/Passive Weekly or >	Abusive/Aggressive/Disruptive < Weekly	Abusive/Aggressive/Disruptive > Weekly	Semi-Comatose/Comatose

Describe Inappropriate Behavior: _____ Source of Info: _____

JOINT MOTION	MED. ADMINISTRATION
<input type="checkbox"/> Within normal limits or instability corrected 0 <input type="checkbox"/> Limited motion 1 <input type="checkbox"/> Instability uncorrected or immobile 2	<input type="checkbox"/> Without assistance 0 <input type="checkbox"/> Administered/monitored by lay person 1 <input type="checkbox"/> Administered/monitored by professional nursing staff 2

MEDICAL/NURSING INFORMATION

Diagnoses: _____
 Medications: _____
 Current Health Status/Condition: _____
 Current Medical Nursing Needs: _____
 Therapies/Special Medical Procedures: _____
 Hospitalizations: Date(s): _____ Reason(s): _____
 Critical Incidents: Yes No
 Description/Action: If yes, what was the nature of the critical incident and what steps were taken as a result? _____

DMAS-99 rev. 08/22

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PC Services Form

DMAS - 97 A/B

Agency or Consumer Direction Plan of Care (POC)

- Completed/reviewed annually and/or upon change in service needs.
- POC's must be kept on file by provider.
- Members with paid LRI caregivers must have a separate LRI Plan of Care.
- A copy of each current POC must remain in the home.

AGENCY OR CONSUMER DIRECTION PROVIDER PLAN OF CARE

Agency-Directed Services Consumer-Directed Services Current DMAS-99 Date: _____

Participant: _____ Medicaid ID#: _____
 Provider: _____ Provider ID#: _____

Categories/Tasks	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1. ADL's							
Bathing							
Dressing							
Toileting							
Transfer							
Assist Eating							
Assist Ambulate							
Turn/Change Position							
Grooming							
Total ADL Time:							
2. Special Maintenance							
Vital Signs							
Supervise Meds							
*Range of Motion							
*Wound Care							
*Bowel/Bladder Program							
*MD order required							
Total Maint. Time:							
3. Supervision Time							
4. IADLS							
Meal Preparation							
Clean Kitchen							
Make/Change Beds							
Clean Areas Used by Participant							
Shop/List Supplies							
Laundry							
(CD only) Money Management							
Medical Appointments							
Work/School/Social							
Total IADLS Time:							
TOTAL DAILY TIME:							

This Section Must Be Completed in its Entirety for Agency & Consumer-Directed Services

Composite ADL Score = (The sum of the ADL ratings that describe this participant)

BATHING SCORE		TRANSFERRING SCORE	
Bathes without help or with MH only	0	Transfers without help or with MH only	0
Bathes with HH or with HH & MH	1	Transfers w/ HH or w/HH & MH	1
Is bathed	2	Is transferred or does not transfer	2
DRESSING SCORE		EATING SCORE	
Dress without help or with MH only	0	Eats without help or with MH only	0
Dresses with HH or with HH & MH	1	Eats with HH or HH & MH	1
Is dressed or does not dress	2	Is fed: spoon/tube/etc.	2
AMBULATION SCORE		CONTINENCY SCORE	
Walks/Wheels without help w/MH only	0	Continent/incontinent < w/ky self care of internal/external devices	0
Walks/Wheels w/ HH or HH & MH	1	Incontinent weekly or > Not self care	2
Totally dependent for mobility	2		

LEVEL OF CARE (LOC)	<input type="checkbox"/> A (Score 0 - 6)	<input type="checkbox"/> B (Score 7 - 12)	<input type="checkbox"/> C (Score 9 + wounds, tube feedings, etc.)
Maximum Hours of 25/Week		Maximum Hours 30/Week	Maximum Hours 35/Week

Legally Responsible Individual (LRI) Information

New LRI rules will apply beginning March 1, 2024.

- **An Extraordinary Care (EC) Form must be submitted to the appropriate case management entity to document the need.**
- **Demonstrate no one else is available to provide the service.**
- **LRIs may work up to 40 hours per week.**
- **LRIs will not be reimbursed for IADLs.**
- **EOR must live within a 50-mile radius of the member and not be another LRI.**
- **Members with paid LRI caregivers cannot receive respite care. If there is an existing authorization for respite, the Services Facilitator must send a request to end that authorization effective February 29, 2024.**



Legally Responsible Individual (LRI) Form

LRI Extraordinary Care (EC) Justification Form

- Demonstrates extraordinary care needs of members using paid LRI caregivers.
- Completed by the EOR and SF with the LRI and Medicaid Member.
- Submitted by the SF/Provider for review.
- Must be completed in its entirety and contain all required signatures.



Legally Responsible Individuals (LRI) Extraordinary Care Justification Form

The purpose of this form is to determine extraordinary care needs for a Medicaid member under 18 or spouse receiving Consumer Directed (CD) or Agency Directed (AD) Personal Assistance/Attendant (PA) Care under the Commonwealth Coordinated Care Plus (CCC+), Family and Individual Supports (FIS) or Community Living (CL) waivers. This form is to be completed collaboratively by the Employer of Record (EOR) or agency with the LRI and member.

Extraordinary Care is defined as care above and beyond what the parent/spouse would provide due to their role as a legally responsible individual. For individuals under 18, extraordinary care includes assistance with needs above and beyond what a child at the same age without a disability would require.

Legally Responsible Individual (LRI) is defined as the spouse or parent, stepparent, or legal guardian of a Medicaid member under 18.

Employer of Record (EOR) The person who performs the function of the employer in the consumer- directed model (not applicable for agency directed services).

Medicaid Member Name:	
Member's Waiver Type:	Check one: <input type="checkbox"/> CCC+ <input type="checkbox"/> FIS or CL
Member's MCO or CSB:	
Name and relationship of the person Medicaid member wishes to hire:	

Section 1: Employer of Record/Agency

*When choosing the CD option and an LRI is hired to provide paid support, the (EOR) must not be another LRI or stepparent. This does not apply to adults hiring their spouse to be the paid attendant.

EOR/Agency Name:	
EOR Relationship to Medicaid Member:	
*Not applicable for ADPA	

Helpful Tip: Continue to check the DMAS website periodically for updated information such as program updates and revised versions of forms.

Extraordinary Care (EC) Form Tips

Before submitting the EC Form, review the following information:

- Employer of Record (EOR) listed on the EC form is not an LRI.
- Is the LRI relationship with the member listed?
- Is there a detailed demonstration of why no one else is available?

Was an employment ad attached?

- Was it posted long enough to receive responses?
- Where was it posted?
- Did the ad encourage responses?
- Were appropriate terms used? (Personal care services do not include terms like babysitter or nanny.)
- Did the ad list tasks that are consistent with personal care services - Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL)?



Extraordinary Care (EC) Form Tips

Was the LRI Plan of Care (POC) submitted? Ensure the following:

- IADLs are not included in the LRI POC or listed as tasks that the LRI will perform like meal prep, cleaning, laundry, medical appointments, social activities.
- No skilled tasks are listed the EC form that are being performed by the LRI. If so, are the tasks delegated by an RN?
- LRI plan of care does not include supervision hours.

Does the EC form indicate any of the following; if so, it could indicate self-referral:

- No other care options have been sought out.
- The family/member indicates they do not want anyone else in their home.
- Care has only been provided by an LRI and the family/member states that no one else can sufficiently provide care without showing evidence.
- Communication needs indicate that the member is “nonverbal” or uses a communication device that would be difficult to train an attendant to understand.

Extraordinary Care (EC) Form Tips

Are behavioral needs listed as the reason for being unable to find care? Please ensure:

- Behavioral needs are documented in the member's record and identified by an evaluation or assessment
- There is evidence that the behavioral needs are so extraordinary that only the LRI can safely support them
- Resources have been offered to assist the member in overcoming the barrier behaviors

Are appropriate signatures Included?

- Is the form signed by the EOR, LRI, and SF/agency?

LRI Documentation Submission and Resources

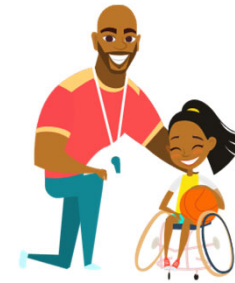
Additional information regarding LRI guidelines and forms may be found in the LRI section of the DMAS website at:

dmas.virginia.gov/for-providers/long-term-care/waivers

Completed LRI documentation should be submitted securely to the following email address:

CDLRI@dmas.virginia.gov

Personal Care Services are meant to provide Medicaid Member support both at home and in the community.



With adequate, appropriate, and timely support, members have opportunities and goals that are limitless!

Provider Resources

For additional provider resources, please access the DMAS website and MES Provider Library at:

dmas.virginia.gov/for-providers

vamedicaid.dmas.virginia.gov/provider

All questions related to information found in this presentation, may be directed the following email address:

CCCPlusWaiver@dmas.virginia.gov

Providers Are a Key Part of a Person-Centered Care Team!

DMAS Medicaid Providers play an important role in delivering quality services.



Thank you for your continued efforts to serve our Members!