COMMONWEALTH
COORDINATED CARE PLUS
WAIVER: PERSONAL CARE REFRESHER
Home and Community Based Services
HCBS

HCBS Waivers are designed to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.

- **HCBS Waiver requirements:**
  - Ensure the protection of people’s health and welfare
  - Ensure that services follow an individualized and person-centered plan of care
Waiver Quality Assurances

- Waiver participant must meet institutional level of care
  - LTSS Screening initially
  - Annual Level of Care review
    - Establishes medical necessity for waiver services
- Service plans must address the participant’s assessed needs (including health and safety risk factors) and personal goals
- Participants have choice of institutional or HCBS
- Participants have choice of services within the waiver
Personal Assistance Services

- Hands-on care of either a supportive or health-related nature and enable an individual to maintain the health status and functional skills necessary to live in the community

  - Activities of daily living (ADLs) and Instrumental ADLs
  - Community integration
  - Monitoring of self-administered medications
  - Monitoring of health status and physical condition
  - Supervision
  - Tasks delegated by RN
Models of Service Delivery

Agency Directed
- Traditional
- Services provided by staff employed by a provider agency

Consumer Directed
- Participant/Designee directs care and employs attendant
- Receive support from a Services Facilitation provider
Personal Care Service Authorization

- Community-Based Care Individual Assessment Report - DMAS 99
- Provider Plan of Care - DMAS 97 A/B
- Request for Supervision - DMAS 100
- Additional information from the provider
Community-Based Care Individual Assessment Report (DMAS -99)

- Documents the assessment completed by the provider (RN or Services Facilitator (SF))
- Provides information including functional status, support system, medical needs, etc.

- Functional Status – Dependence/Independence in an area
- Medical/Nursing Information – All Diagnosis contributing to health needs
### Community-Based Care Recipient Assessment Report

- **DMAS-99**

<table>
<thead>
<tr>
<th>Agency-Directed Services</th>
<th>Consumer-Directed Services</th>
<th>Assessment Date:</th>
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<tbody>
<tr>
<td>Initial Visit</td>
<td>Routine Visit</td>
<td>Six-Month Re-assessment</td>
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- **Recipient’s Name:** ____________________________  
- **Date of Birth:** ____________________________  
- **Medicaid ID:** ____________________________  
- **Start of Care:** ____________________________  
- **Recipient’s Current Address:** ____________________________  
- **Agency Name:** ____________________________  
- **Provider ID #:** ____________________________  
- **Recipient’s Phone:** (____) _____________  
- **Recipient’s SSN #:** ____________________________  

### Functional Status

#### ADLs

- **Needs No Help**  
- **MH Only**  
- **Human Help**  
- **MH & Human Help**  
- **Always Performed By Others**  
- **Is Not Performed At All**

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<td>Eating/Feeding</td>
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#### 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

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<tr>
<th>Needs No Help</th>
<th>MH Only</th>
<th>Human Help</th>
<th>MH &amp; Human Help</th>
<th>Confined Moves About</th>
<th>Confined Does Not Move About</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Supervise</td>
<td>Phys. Asst.</td>
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</tbody>
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#### 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 <**  
- **Wandering/Passive**  
- **Abusive/Agressive**  
- **Abusive/Agressive**  
- **Semi-Comatose**
Functional Status

- ADLs (bathing, dressing, toileting, transferring, eating/feeding)
- Continence
- Mobility
- Orientation
- Behavior
- Joint Motion
- Medication Administration

Note: Long Term Services Screening manual provides criteria to determine dependence, semi-dependence, or independence in each area.
Medical/Nursing Information

- **Diagnosis**

- **Current health status/condition** (such as weight loss or gain (if pertinent), medication changes, MD visits, including for what reason, and whether the participant’s condition has improved, declined, or remained stable.

- **Nursing Needs** - any information that should be monitored by the RN or the doctor, such as, blood sugar levels, wounds, weight loss, malnutrition, dehydration, respiratory distress, immobility issues, circulatory problems, blood-work for medication adjustments.
Therapies/Special Medical Procedures (ex. Physical Therapy, Speech Therapy and Occupational Therapy)

Hospitalizations – Dates of admission and Discharge reason
Support System

- Documents support system and any changes needed in the hours on the Plan of Care, the need for supervision
- Identifies any other waiver services being received
- Other Medicaid/non-Medicaid covered services (ex. Meals on Wheels, companion services, etc.)
RN/Services Facilitation Supervision

- Dates of RN supervisory visits/ SF routine for the last six months
- Accuracy of the aide documentation – is the plan of care being followed
- Is the plan of care meeting the participant’s needs? If no, provider must explain why and how the plan of care will be changed to meet the needs
Consistency and Continuity

- Identifies number of days of service in last 6 months
- Any care problems
- Provider satisfaction
Plan of Care

- Individualized and based on the participant’s needs
- Person-centered and developed with the participant to ensure their needs and goals are addressed
- Documented on the Agency or CD Provider Plan of Care form (97 A/B)
Plan of Care (97 AB)

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

<table>
<thead>
<tr>
<th>Composite ADL Score</th>
<th>TRANSFERRING Score</th>
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<tbody>
<tr>
<td>Bathes without help or with MH only</td>
<td>Transfers without help or with MH only</td>
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<tr>
<td>Bathes with HH or with HH &amp; MH</td>
<td>Transfers w/ HH or w/HH &amp; MH</td>
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<tr>
<td>Is bathed</td>
<td>Is transferred or does not transfer</td>
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</table>

<table>
<thead>
<tr>
<th>DRESSING SCORE</th>
<th>EATING SCORE</th>
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<tbody>
<tr>
<td>Dress without help or with MH only</td>
<td>Eats without help or with MH only</td>
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<tr>
<td>Dresses with HH or with HH &amp; MH</td>
<td>Eats with HH or HH &amp; MH</td>
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<tr>
<td>Is dressed or does not dress</td>
<td>Is fed: spoon/tube/etc.</td>
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<table>
<thead>
<tr>
<th>AMBULATION SCORE</th>
<th>CONTINENCY SCORE</th>
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<tbody>
<tr>
<td>Walks/Wheels without help w/MH only</td>
<td>Continent/incontinent &lt; wkly self care of internal</td>
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<tr>
<td>Walks/Wheels w/ HH or HH &amp; MH</td>
<td>/external devices</td>
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<tr>
<td>Totally dependent for mobility</td>
<td>Incontinent weekly or &gt; Not self care</td>
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<tr>
<th>LEVEL OF CARE (LOC)</th>
<th>Maximum Hours of 25/Week</th>
<th>Maximum Hours 30/Week</th>
<th>Maximum Hours 35/Week</th>
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<tbody>
<tr>
<td>□ A (Score 0 - 6)</td>
<td>□ B (Score 7 - 12)</td>
<td>□ C (Score 9 + wounds, tube feedings, etc.)</td>
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<tr>
<td>□ D Exceeds 35 Hours per Week</td>
<td>□ E Exceptions by Department</td>
<td>□ E Exceptions by Department</td>
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</table>

Page 1 of 2 - DMAS-97A/B - Revised 03/10
Plan of Care - 97A/B

- Composite ADL Score (Bathing, Dressing, Ambulation, Transferring, Eating, Continence)
  - Independent or Mechanical assistance = 0
  - Human assistance and / Mechanical assistance = 1
  - Dependent = 2
- LOC A (Score 0-6)
- LOC B (Score 7-12)
- LOC C (Score 9+ wounds, tube feedings, etc.) – medically complex
Level of Care A

Minimal Needs - Often borderline in meeting the criteria for nursing facility care (ADL score 2-3). May require prompting or use mechanical help; may need standby assistance:

- ADLs - .75 - 1 hour/day  IADLs - 1 - 1.5 hours/day

Average Needs - need for hands-on assistance, (ADL score 3-4):

- ADLs - 1 - 1.5 hours/day  IADLs 1 - 1.5 hours/day

Heavy Needs - Require some assistance in all areas of ADL care (ADL score 4-6):

- ADLs - 1.5 - 2 hours/day  IADLs - 1 - 1.5 hours/day
Level of Care B

Minimal Needs - May require assistance to ambulate, but are still able to perform some tasks for themselves (ADL score 7-8):
  - ADLs - 1.5 - 2 hour/day  IADLs - 1 - 1.75 hours/day

Average Needs - May require assistance with most ADLs, including transferring, ambulating, eating, and toileting, (ADL score 9-10)
  - ADLs - 2 - 2.5 hours/day  IADLs 1 - 1.75 hours/day

Heavy Needs - Requires the maximum amount of assistance in all ADLs. Usually bed-confined, may take less time to perform services than the individual who performs some self-care but requires assistance (ADL score 11-12)
  - ADLs - 1.5 - 2.5 hours/day  IADLs - 1 - 1.75 hours/day
Level of Care C

Minimal Needs - May have the **maximum** in-home support and minimal special maintenance needs.

- ADLs - 1.5 – 2 hour/day  
  IADLs - 1 – 2 hours/day

Average Needs - require more ADL time to prevent skin breakdown by frequent turning, may require wound care

- ADLs - 2 – 3 hours/day  
  IADLs 1 - 2 hours/day

Heavy Needs - Complex medical needs

- ADLs – 2-3 hours/day  
  IADLs - 1 - 2 hours/day
Maximum Hours Guidelines

- Keep in mind, these are guidelines and a participant may require less or additional hours than indicated by the LOC composite score.
- Based on individual circumstances including natural support system.
# Plan of Care

<table>
<thead>
<tr>
<th>Categories/Tasks</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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Provider Plan of Care

- Identifies time needed for each task daily
  - ADLs
  - Special Maintenance (vital signs, supervise meds, range of motion, wound care, bowel/bladder program - require MD orders)
  - Supervision
  - IADLs – generally limited to up to 2 hours a day (based on the individual’s needs)
Supervision

Supervision hours are to monitor participants who require and have a documented need for the physical presence of the aide or attendant to ensure their safety during times when no other support system is available.

Participant may live alone and receive supervision as long as there is proof that they are never left alone.
Supervision

- Participant cannot be left alone at any time due to mental or severe physical incapacitation
- Unable to call for help in case of an emergency and there is no competent adults in the home who are capable of dialing 911 in the event of an emergency
- To ensure the health, safety and welfare of the waiver individual
Supervision

SUPERVISION IS NOT APPROPRIATE WHEN

- Requested for family members to sleep unless the participant is dependent in orientation and behavior pattern (documented on DMAS 99) AND cannot be left alone at any time due to documented safety issues or wandering risk

- Requested because the participant’s family would prefer to have someone with them (there must be a clear and present danger to the individual as a result of being left unsupervised)
REQUEST FOR SUPERVISION HOURS IN PERSONAL CARE

Recipient Name: ____________________________ Medicaid ID: ______________________
Primary Provider: __________________________ Provider Number: ___________________

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

A. Cognitive Status: Describe the recipient's cognitive status and impact it has on his/her behavior. If the recipient is confused at different times of the day, please explain. State whether the recipient can/cannot be left alone. If the recipient 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 recipient have appropriate judgement/decision making abilities? (Be as detailed as possible. It is important that the RN make a correct appraisal of the cognitive status of the recipient. 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 recipient change position/shift/transfer without assistance?
Request for Supervision form (DMAS-100)

- Reason supervision is needed
- Amount of supervision needed
- Schedules of all adult residents in the home and formal/informal caregivers
- Who will provide supervision in the absence of PC aide/attendant
Supervision Assessment

- **Cognitive Status**
  - Impact on behavior
  - Why the participant can’t be left alone or the amount of time they can be left alone
  - Decision making abilities

- **Degree of Physical Support Needs**
  - Bowel/Bladder
  - Transferring
  - Fall Risk
  - Skin Breakdown
Supervision Assessment

- Medical Condition
- Ability to use the phone to call for assistance
- Mobility
- Support System
  - Primary Caregiver
  - Work Hours
  - Schedules of all adults in the home
  - Back-up plan
Supervision Guidelines

- Must be authorized prior to being rendered
- Up to 8 hours per day can be authorized
- Documentation that someone is with the participant 24 hours per day
- Cannot have Supervision and a Personal Emergency Response System (PERS) simultaneously
Instrumental Activities of Daily Living

- Household tasks such as bed making, dusting, vacuuming, laundry, and grocery shopping,
- Limited to areas that are used by the participant
- Access to the community
- Medical appointments
56 Hour/Week Soft Cap

- Exception Criteria:
  - Documented ADL dependencies in all areas; OR
  - Dependent in Behavior and Orientation; OR
  - Open Child Protective Services or Adult Protective Services investigation
Case Scenario 1

- Mrs. Walker is the PCG for her mother, Ms. Green, who is 80 yo. - Hx of stroke with L side weakness and very Hard of Hearing (HOH). The two live together alone. Ms. Walker has a PT job M-W-F 9a-5pm. Mrs. Green is at home every day and has PC from 8am-1pm Monday - Saturday, with Supervision hours used every M-W-F from 1pm -6pm (so Ms. Walker has time to get home from her PT job.) Ms. Green is never left alone at home, because she can't hear noises and would not know if she were in danger from fire or an intruder due to her poor hearing.
Case Scenario 2

- Ms.Wells lives with her son's family, and has a PC aide for 4 hours each day M-F. She has 1 hr allotted for IADLs daily. She asks her PC aide to pick up the kids' dirty dishes from breakfast, in the den when they finish with her ADL's and she goes in the den to watch TV. Ms Wells also asks the PC aide to skip her bath the next day because she would rather have her oven and stove top cleaned.

- These are not IADL's in a POC. The aide is to keep the areas that have been used during ADL's clean and uncluttered but is not expected to clean up for any other family members. The oven and stove cleaning are considered "heavy cleaning" and are not considered IADL's.
Case Scenario 3

- Mr. Smith 67 y.o with dementia, wanders, unable to use the phone and does not recognize danger. He has been known to try to cook and forgets to turn the stove off. He has experienced 3 falls over the last 2 months. He lives with his son who works 9-5. Mr. Smith receives supervision hours each weekday as he is not safe to be left alone.
Case Scenario 4

- Mr. Johnson, a 73 y.o. with arthritis, back pain, and hx of COPD and shortness of breath and receives personal care. He lives with his wife who has some medical needs but does not meet waiver criteria. Their family requests supervision hours for Mr. Johnson as they are uncomfortable with them being alone. Supervision is denied because Mrs. Johnson is alert and able to call for help if needed.
Things to Remember

- Waiver enrollment = medically necessity
- Pend for additional information
- Documentation must supports requested hours
- There is no cookie cutter approach, all plans of care are individualized
- Social supports matter
- Use professional judgement
Resources

- Elderly or Disabled with Consumer Direction Provider Manual (Chapter IV)
- Pre-Admission Screening Manual for Long-Term Services and Supports (Chapter IV)

- For CCC Plus waiver questions, e-mail to:
  - cccpluswaiver@dmas.virginia.gov