

CAP/MR-DD Service Definitions

Title: Personal Care Services

Service Definition:

Personal Care Services under North Carolina state plan differ in service definition or provider type from the services to be offered under the waiver. Personal Care services under the waiver include support, supervision and engaging participation with eating, bathing, dressing, personal hygiene and other activities of daily living. Support and engaging participant participation is non-habilitative and describes the flexibility of activities that may encourage the participant to maintain skills gained during active treatment and/or habilitation while also providing supervision for independent activities of the participant. This service may include preparation of meals, but does not include the cost of the meals themselves. Engaging participant in utilizing skills gained during active treatment and/or habilitation is key and may be provided outside of the individual's residence.

When specified in the Person Centered Plan, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the participant, rather than the participants' family. Personal Care also includes assistance with monitoring health status and physical condition, assistance with transferring, ambulation and use of special mobility devices.

Enhanced Personal Care is intended for participants receiving waiver funding who have intense medical or behavioral needs. It is not a habilitative service but includes the same activities and functions as Personal Care Services. This service is intended 1) for participants who require the expertise and/or supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the activities provided or 2) for participants with complex or extreme behaviors that are difficult to assess or effectively treat and therefore require a comprehensive behavioral plan. Such intense medical or behavioral needs must be identified by the NC-SNAP and the Person Centered Plan must provide clear documentation and justification of the need for Enhanced Personal Care. Enhanced Personal Care tasks may require some degree of decision making which could affect the health or safety of the participant on the part of the direct care staff providing the service. Direct care staff must receive **on going** training and supervision in the tasks to be completed. Specific training must be documented in the Person Centered Plan.

Service Limitation:

Personal care services do not include medical transportation and may not be provided during medical transportation and medical appointments. Participants who live in licensed residential facilities, licensed alternative family living (AFL) homes, licensed foster care homes, or unlicensed alternative family living homes serving one adult, or receiving Home Supports may not receive this service.

This service may not be provided on the same day that the participant receives regular Medicaid Personal Care, a Home Health Aide visit, or another substantially equivalent service. This service may not be provided at the same time of day that a participant receives: Adult Day Health, Day Supports, Home and Community Supports, specialized Consultative Therapy, Respite Care, Supported Employment, or Transportation. This service may not be used by participants residing in an out of home placements such as Licensed Residential settings or unlicensed AFLs or by participants receiving Home Supports.

Staff Qualifications:

- Staff must meet the requirements for paraprofessionals in 10A NCAC 27G.0200
- Staff must have a high school diploma or GED. Staff who do not have a GED or a High School Diploma but were providing CAP-MR/DD personal care services prior to the implementation of this waiver will have a transition period of 18 months to meet the minimum education requirement. 18 months after the implementation of this waiver all staff who provide personal care services will meet the minimum education requirement of a GED or High School Diploma.
- Staff must meet client specific competencies as identified by the individual's person-centered planning team and documented in the Person Centered Plan.
- Staff must successfully complete First Aid, CPR and DMH/DD/SAS Core Competencies and required refresher training.
- Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 and according to licensure or certification requirements of the appropriate discipline.
- Must have a criminal record check
- A healthcare registry check as required in accordance with 10A NCAC 27G.0200
If providing transportation, have a North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance.

PROVIDER QUALIFICATIONS:

Personal Care Services must be delivered by practitioners employed by mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the

Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.

Documentation:

Personal Care Services is documented by the use of a grid. A grid is a form that is designed to identify the task that is being addressed and contains an accompanying which specifies the intervention/activity.

A grid shall include:

- the full date the service was provided (month/day/year);
- the task that are being addressed;
- a number or letter as specified in the key which reflects the intervention/activity;
- duration, when required; and
- initials of the individual providing the service. The initials shall correspond to a signature on the signature log section of the grid.

The grid shall provide space where additional information may be documented as needed.

Provider Qualifications:

Personal Care Services must be delivered by practitioners employed by, or under contract with, mental health, developmental disabilities or substance abuse provider organizations that:

- Meet the provider qualification policies, procedures, and standards established by the Division of Medical Assistance (DMA);
- Meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SAS); and
- Fulfill the requirements of 10A NCAC 27G.

These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by the Local Management Entity (LME). Additionally, within one year of waiver implementation or enrollment as a provider, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the Provider Endorsement, Medicaid Enrollment Agreement, Medicaid Bulletins, and service implementation standards. This includes national accreditation within the prescribed timeframe.

The provider organization is identified in the Person Centered Plan. For Medicaid services, the organization is responsible for obtaining authorization from Medicaid's approved vendor for medically necessary services identified in the Person Centered Plan. For State-funded services, the organization is responsible for obtaining authorization from the Local Management Entity. The provider organization must comply with all applicable federal, state, and DHHS requirements. This includes, but is not limited to, DHHS Statutes, Rule, Policy, Implementation Updates, Medicaid Bulletins, and other published instruction.