Personal Care Services Manual Training

October/November 2013

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

Definitions Section 517.1

Contains definitions of common terms related to this program. New definitions have been added.

Program Description
Section 517.2

- To assist eligible members with ADL'S and IADL'S in the member's home, place of employment or community.
- Includes hands on assistance, supervision and cueing. Services cannot just be housekeeping or assistance with chores.
- Must be ordered by a physician.
- Maximum of 210 hrs. per month.
- No age restrictions for members.

Provider Certification Section 517.3

- Competency-based curriculum.
- List of counties served.
- Quality Management Plan.
- Policies and processes for grievances, complaints, transfers, discontinuation of services and conflict of interest.
- Agency emergency plan (for members and office operations).

Office Criteria
Section 517.3.1

- Secure e-mail.
- Maintain a 24-hour contact method.
- Notice to the Operating Agency prior to changes in office location, new offices or counties served. (In writing)

Continuing Certification Section 517.4

- Employ adequate, qualified and appropriately trained personnel who meet minimum standards.
- Provide services based on members individual needs – including nights and weekends.
- Maintain current list of members receiving Personal Care services.
- Comply with Incident Management System.

Member Records Section 517.5.1.

- Electronic Records – Chapter 300, Section 320.5

Personnel Records
Section 517.5.2.

- Original and legible copies of personnel documentation.
- Criminal Investigation Background Checks.
- Verification that OIG Medicaid Exclusion List was checked.
- Verification that DHHR Protective Services Record was checked.

Provider Certification Reviews Section 517.6

- Must annually submit designated evidence to the Operating Agency continued compliance with 517.3 and all subparts.
- Affidavit signed by appropriate agency official.
- Non-compliance can result in pay hold on claims.
- If non-compliant after 60 days, emergency transfers of members
- Termination as a provider - on site certification review to resume services.
- Deficiencies can result in paybacks.
- Removal of employees who do not meet certification standards.
- Random validation reviews will be conducted.

Member Record Reviews
Section 517.7

- Operating Agency will review using the Personal Care Monitoring Tool.
- Representative random sample.
- Targeted reviews based on IMS reports and complaints.

Direct Care Staff Training Requirements Section 517.8

- Spouse or parent of minor child cannot provide services.
- Direct care workers must be at least 18 years of age.
- Must have following competency based training BEFORE providing services
  - CPR, First Aid, OSHA, PC Skills, Abuse, Neglect & Exploitation, HIPAA, Direct Care Ethics and Member Health & Welfare.

Initial and Annual Training
CPR

- CPR – must be provided by the provider agency RN who is a certified CPR instructor, or a certified trainer from the American Heart Association, American Red Cross, American Health & Safety Institute or American CPR.
- All CPR courses must include a skills based demonstration.
- Must be kept current as defined by the terms of the certifying agency.

Initial and Annual First Aid Training

- May be provided by the agency RN, a certified trainer or a qualified internet provider.
- If provided by a certified provider (AHA, Red Cross) – current as defined by the terms of that entity.
- If provided by the agency RN, must be renewed within 12 months.
- Determined current in month training initially occurred (Ex. If training conducted November 25, 2013 – then it is valid through November 30, 2014).

Initial and Annual Occupational Safety and Health Administration (OSHA)

- Must use the current training material provided by OSHA.
- Must be renewed within 12 months or less.
- Determined current in month training initially occurred (Ex. If training conducted November 25, 2013 – then it is valid through November 30, 2014).

Initial and Annual Personal Care Skills Training

- Training on assisting members with ADL's – must be provided by the agency RN or a documented specialist in this content area.
- In addition, four hours of training focused on enhancing direct care service delivery knowledge and skills must be provided annually.
- Member specific on-the-job training can be counted toward this requirement.

Initial and Annual Abuse, Neglect and Exploitation Training

- Must be provided by the provider agency RN or a documented specialist in this content area or a qualified internet training provider.
- Must be renewed within 12 months.
- Determined current in month training initially occurred (Ex. If training conducted November 25, 2013 – then it is valid through November 30, 2014).

Initial and Annual Health Insurance Portability Accountability Act (HIPAA) Training

- Training must include provider agency staff responsibilities regarding securing Protected Health Information (PHI) – must be provided by the agency RN, a documented specialist in this content area or a qualified internet training provider.
- Must be renewed within 12 months.
- Determined current in month training initially occurred (Ex. If training conducted November 25, 2013 – then it is valid through November 30, 2014).

Initial Direct Care Ethics Training

- Training on ethics such as promoting physical and emotional well-being, respect, integrity and responsibility, justice, fairness and equity.
- Must be provided by the provider agency nurse, a documented specialist in this content area or a qualified internet training provider.

Initial Member Health & Welfare Training

- Training must include Emergency Plan response, fall prevention, home safety & risk management and training specific to the members special needs.
- Must be provided by the provider agency nurse, a documented specialist in this content area or a qualified internet training provider.

Training Documentation Section 517.8.2

- Documentation must include the training topic, the date, the beginning time of the training, the ending time of the training, the location of the training, the signature of the instructor and the signature of the trainee.
- Internet training – must include the persons name, the name of the internet provider and a certificate of completion or other documentation proving successful completion.
- All documented evidence of training for each direct care employee must be kept of file and be available upon request.

Registered RN Qualifications Section 517.9

- Must have a current WV RN license – and must cover all of the employment period.
- Maintain on file.
- Internal Review process.
- OIG Medicaid Exclusion List – monthly.

http://exclusions.oig.hhs.gov

Criminal Investigation Background Check
Section 517.10

- Three things:
  - Fingerprint based CIB conducted by the WV Police (initiated at hire and every 3 years for staff with direct access to members). If they have lived out of state within last 5 years, in addition to WV CIB, must do a FBI check as well.
  - OIG Exclusion List – upon hire and then monthly.
  - DHHR Protective Services Record – upon hire.

Voluntary Agency Closure Section 517.11

- Thirty days written notification to BMS and the Operating Agency.
- List of all current members.
- The Operating Agency will assist them with acquiring services through another provider.
- Joint visit if possible.

Involuntary Closure
Section 517.12

- Violation of rules, regulations or for the conviction of any crime related to health care delivery.

Additional Sanctions Section 517.13

- If BMS or the Operating Agency receives information that indicates a provider is unable to serve new members due to staffing issues, member health/safety risk – or has demonstrated inability to meet recertification requirements – BMS may remove the provider from the provider information list (website).
- Critical deficiencies (health and safety) may include other sanctions including agency closure.

Incident Management Section 517.14.1

- Director or RN must immediately review each incident report.
- Critical, abuse/neglect/exploitation – MUST be investigated by the RN.
- Abuse/Neglect/Exploitation – must be reported to APS/CPS within mandated timeframes.
- Incident Report submitted to Operating agency within 14 calendar days.
- Providers are to report monthly to the Operating Agency if there were no incidents.
- Director must review/sign each report and keep in an administrative file.
- WVIMS (when available) –must enter incidents within 24 hrs. of learning of the incident and the follow up must be entered within 14 calendar days of learning of the incident.

Quality Management

- Analyze health and safety trends through incident reports or other agency data
  - use agency data to identify issues
- Remediation and strategies for improvements
  - action steps to solve the problem or make improvements
- Quality Management Plan available upon provider monitoring review
  - agency's systemic plan for identifying issues, developing ways to make improvements and checking to see that the improvements worked

Personal Care Services Section 517.15

- Medically necessary activities ordered by a physician (PAS)
- Provided pursuant to a Nursing Plan of Care.
- Prior authorized by BMS's UMC
  - Service Level 1 (0-60 hrs. per month) Submit PAS, Physician Certification Form, requested Service Level, and # of months services needed to the UMC.
  - Service Level 2 – (over 60 hrs.) Submit PAS, Physician Certification Form, requested Service Level, Plan of Care, PC Assessment, other relevant documentation, total # of units needed per month, # of months services needed.

Location of Services Section 517.16

- Home.
- Place of Employment.
- Community (not to exceed 20 hours per month).
- CANNOT provide PC services in a hospital, nursing facility, ICF/IDD, I/DD Waiver group homes with 4 or more members, I/DD Waiver Intensively. Supported Setting homes, or any other settings in which personal assistance and/or nursing services are provided.

Services/Costs Not Eligible for Reimbursement Section 517.17

- Room & Board Services.
- PC Services not certified by a physician on a PAS.
- PC Services not on approved Plan of Care.
- Hours which have not been prior authorized.
- Supervision/Activities that is appropriate for a child of a similar age.

Medical Eligibility & Determination Section 517.19 and Subparts

- WV Resident, approved medically and financially.
- PAS – may be completed by RN or physician – MUST be signed and dated by physician.
- PAS – Valid for 60 days after date of physicians certification
- Physician Certification Form – To be completed if the RN is the one who completes the PAS.
- RN must review the and sign the PAS – submit to UMC!!!

Denial
Section 517.20 B

- UMC will notify the applicant/member within 5 working days.
- Will include reason for denial, PAS, notice of free legal services, and a Request for Hearing Form.

Initial Member Assessment/Reevaluation T1001 Section 517.21.1

- REMEMBER – You MUST have an approved prior authorization from the UMC before ANY services can be provided/billed.
- Conduct the initial and annual person centered face-to-face PC Assessment (except for dual)
- Development of the initial and annual PC Plan of Care – must address member's needs and preferences.
- Must be completed by the Agency RN.

Ongoing RN Assessment and Care Planning – T1002 Section 517.21.2

- Six-month PC Assessment – face-to-face. The Assessment MUST be signed and dated by the RN and the member (or legal representative).
- Six –month Plan of Care. The Plan of Care must consider any informal supports.
  - Environmental Maintenance – not to exceed 1/3 of time spent
  - RN must review and sign the POC once it is completed – this is certifying that all activities were performed as needed and met the member's preferences.
- One-on-One training (towards 4 hours training)
- PC Monthly Report – Due to Operating Agency by 6th business day of each month

Personal Care Services (Direct Care Services) T1019

- Personal Care direct care staff must provide services as defined by the Plan of Care.
- All services/time spent MUST be documented.
- Direct Care workers must communicate any member changes to the RN.

Direct Care Staff Duties and Responsibilities

- Changes
  - IADL's – includes medical appointments.
  - IADL's – member may accompany the personal care direct care staff on these errands.
  - If ADL's or IADL tasks are provided in the community, the amount may not exceed 20 hours per month.

Dual Services for ADW Members 517.22 & 517.22.1

- Individuals receiving ADW, I/DDW or TBIW services may also receive PC if they have unmet direct support needs and meet criteria.
- ADW member must be Level D.
- ADW documents are to be used (PAS, Member Assessment and the ADW Plan of Care).
- The ADW Case Manager is responsible for coordination of the planning meeting.
- The PC RN is responsible for development of the PC Plan of Care and for submitting the prior authorization to the UMC.

Dual Services for I/DDW Members Section 517.22.2

- Must be utilizing the maximum # of Direct care Service hours in the program.
- PAS must be completed to determine PC eligibility. (Submit to UMC).
- I/DDW Service Coordinator is responsible for coordination of the planning meeting and uploading the IPP and the POC into the members file in CareConnection.
- The PC RN develops the POC and submits the prior authorization.

Dual Services for TBIW

- Must need more than the maximum Personal attendant Service hours available in the program.
- Current PAS, Member Assessment and Service Plan.
- Case Manager is responsible for coordination and planning meeting.
- The PC RN is responsible for the development of the POC and submitting the PA to the UMC.

Member Rights and Responsibilities Section 517.23

- Providers MUST communicate these rights to all members in writing.
- Right to transfer to a different agency.
- Grievance procedure (agency).
- Access to a WV DHHR Fair Hearing.
- Considerate and respectful care from provider.
- Right to take part in decisions about their services.
- Confidentiality and access to their files.

Member Responsibilities

- Notify provider within 24 hrs. prior to day of services if services are not needed.
- To notify changes in Medicaid coverage.
- To comply with the Plan of Care.
- To cooperate with all scheduled in-home visits.
- Maintain a safe home environment.
- Verify services provided by initialing and signing the POC.
- Reporting – abuse, neglect, exploitation, fraud, illegal activity

Transfer to Different Agency Section 517.24

- Members may request a transfer.
- If assistance needed from the Operating Agency, the provider agency must complete and submit a request for transfer form.

Discontinuation of Services Section 517.25

- Must submit a Request for Discontinuation of Services Form to the Operating Agency.
- The Operating Agency must approve the closure.
- No services for 180 days, Unsafe environment, non-compliance, member no longer desires services.
- Operating agency will approve/notify – effective date 13 days from the date of the letter.
- Unsafe – must submit documentation to substantiate - if approved, services may be discontinued immediately.
- All closures must be reported on the PC Monthly Report.
- Request Form not required – death, moved out of state, medically ineligible, financially ineligible (must report on monthly report)

Member Grievance Process Section 517.26

- Members have a right to file a grievance if dissatisfied with services
  - Level 1 – Provider Level – a provider has 10 business days from the date they receive a grievance to hold a meeting, in person or by phone with the member. Must respond in writing within 5 business days.
  - Level 2 – Operating Agency Level – Member may proceed to Level 2 if dissatisfied with Level 1 decision. The Operating Agency has 10 business days to review Level 1 decision with member and issue a Level 2 decision.

Forms

Forms are not part of the “policy” manual.

The Bureau for Medical Services and the Bureau of Senior Services will be putting these forms on both of our websites.

www.wvdhhr.gov/bms

www.wvseniorservice

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