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State/Territory Name: DC

State Plan Amendment (SPA) #:17-004

- 1) Approval Letter
- 2) CMS 179 Form
- 3) SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT # 062220174042

August 7, 2017

Claudia Schlosberg, J.D.
Senior Deputy Director/State Medicaid Director
Department of Health Care Finance
441 4th Street, N.W., Suite 900 South
Washington, D.C. 20001

Dear Ms. Schlosberg:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) #17-004 entitled, Personal Care Aide (PCA) Services. This SPA proposes to make two changes to conform with the District's recently approved 1915(c) Home and Community-Based Services Waiver for the Elderly and Persons with Physical Disabilities (EPD Waiver). First, the SPA proposes to add safety monitoring related to activities of daily living to the list of allowable tasks for personal care aides. Second, the SPA proposes to align reassessment requirements for beneficiaries receiving personal care aide services under the State Plan with requirements for beneficiaries receiving personal care aide services under the EPD Waiver.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is July 1, 2017. A copy of the approved SPA pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact LCDR Frankeena Wright at 215-861-4754 or by email at Frankeena.Wright@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Francis T. McCullough.

Francis T. McCullough
Associate Regional Administrator

cc: Alice Weiss, DHCF
Sabrina Tillman Boyd, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 17-004	2. STATE District of Columbia
	2. PROGRAM IDENTIFICATION: Title XIX of the Social Security	
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	4. ^{Act} PROPOSED EFFECTIVE DATE July 1, 2017	
TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services		

5. TYPE OF PLAN MATERIAL (*Check One*):

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 440.167	7. FEDERAL BUDGET IMPACT a. FFY 17 \$ 136,919,381.00 b. FFY 18 \$ 137,574,792.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 1 to Attachment 3.1-A , pp. 29-31 Supplement 1 to Attachment 3.1-B, pp. 28-30	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 1 to Attachment 3.1-A , pp. 29 – 31 Supplement 1 to Attachment 3.1-B, pp. 28-30

10. SUBJECT OF AMENDMENT:

Personal Care Aide Services

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Resolution Number: 21-0488
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Claudia Schlosberg, J.D. Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 th Street, NW, 9 th Floor, South Washington, DC 20001
13. TYPED NAME Claudia Schlosberg, J.D.	
14. TITLE Senior Deputy Director/Medicaid Director	
15. DATE SUBMITTED JUN 22 2017	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED June 22, 2017	18. DATE APPROVED August 4, 2017
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PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator

(continued). Any other medical care and any other types of remedial care recognized under State law, specifically by the Secretary

f. Personal Care Services, Prescribed in Accordance with a Plan of Treatment and Furnished by Qualified Persons Under Supervision of a Registered Nurse are covered with limitations

a. Covered Services

1. Personal Care Aide (PCA) services are services provided to individuals who require assistance with activities of daily living. Covered services include cueing, hands-on assistance, and safety monitoring related to activities of daily living including bathing, dressing, toileting, transferring and ambulation.
2. Section 1905(a)(24) of the Social Security Act authorizes the provision of PCA services in a person's home or, at the State's option, in another location.
3. Under Section 1905(a)(24) of the Social Security Act, PCA services shall not be provided to individuals who are inpatients or residents of a hospital, nursing facility, intermediate care facility for the developmentally disabled, or institution for mental disease. Additionally, PCA services must not be provided in any other living arrangement which includes personal care as a reimbursed service under the Medicaid program.

b. Service Authorization

1. All PCA services must be prior authorized. To be eligible for PCA services, a person must:
 - (a) Be in receipt of a written order for PCA services, signed by a physician or Advanced Practice Registered Nurse (A.P.R.N) who: (1) is enrolled in Medicaid; and (2) has had a prior professional relationship with the person that included an examination(s) provided in a hospital, primary care physician's office, nursing facility, or at the person's home prior to the prescription of the personal care services.
 - (b) Be unable to independently perform one or more activities of daily living for which personal care services are needed as established by the face-to face assessment conducted by DHCF or its agent.
 - (c) Be in receipt of a PCA Service Authorization, which serves as the service plan approved by the state required by 42 C.F.R. § 440.167(a)(1), that authorizes the hours for which the individual is eligible.
2. For new beneficiaries, a request for an assessment shall be made to DHCF by the person seeking services, the person's representative, family member, or health care professional.
3. A R.N. employed by DHCF or its designated agent shall conduct the initial face-to-face assessment following the receipt of a request for an assessment.

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4. The face-to-face assessment will utilize a standardized assessment tool, adopted by DHCF, to determine each person's level of need for Long Term Care Services and Supports (LTCSS).
 5. DHCF shall issue an assessment determination (PCA Service Authorization) that specifies the amount, frequency, duration, and scope of PCA services authorized to be provided to the person.
 6. The supervisory nurse employed by the home health agency shall conduct an evaluation of each beneficiary's need for the continued receipt of State Plan PCA services at least once every twelve (12) months or upon a significant change in the beneficiary's health status, as follows:
 - (a) The evaluation shall determine whether there is a significant change in the beneficiary's health status;
 - (b) If the evaluation results in a determination that there is no significant change, the supervisory nurse shall take the following actions:
 - (1) The supervisory nurse shall complete the form provided by DHCF or its agent attesting that the beneficiary has had no significant change in health status and that a face-to-face re-assessment is not required; and
 - (2) The supervisory nurse shall obtain a new PCA Service Authorization for the beneficiary;
 - (c) If the evaluation results in a determination that there is a significant change, the supervisory nurse shall take the following actions:
 - (1) The supervisory nurse shall refer the beneficiary for a face-to-face re-assessment conducted in accordance with the requirements of this section; and
 - (2) The supervisory nurse shall obtain a new physician's or APRN's written order in order to obtain a new PCA Service Authorization for the beneficiary.

7. Requests to conduct a re-assessment based upon a significant change in the beneficiary's health status may be made at any time by the beneficiary, the beneficiary's representative, family member, or healthcare professional.
8. All beneficiaries receiving PCA services shall receive a face-to-face re-assessment at least once every thirty-six (36) months, regardless of whether a significant change in health status has been identified.
9. Through December 31, 2017, DHCF may authorize the validity of the face-to-face re-assessment for a period not to exceed eighteen (18) months to align the level of need assessment date with the Medicaid renewal date.
10. Any re-assessment based upon a significant change in the person's condition shall be accompanied by an order for services signed by the person's physician or APRN.
11. DHCF, or its agent, will make a referral for services to the person's choice of qualified provider upon completion of the initial assessment determination that authorizes PCA services (PCA Service Authorization).

c. Scope of Services

1. PCA services are provided to individuals who require assistance with activities of daily living.
2. In order to receive Medicaid reimbursement, PCA services shall include, but not be limited to, the following:
 - (a) Cueing or hands-on assistance with performance of routine activities of daily living (such as, bathing, transferring, toileting, dressing, feeding, and maintaining bowel and bladder control);
 - (b) Assisting with incontinence, including bed pan use, changing urinary drainage bags, changing protective underwear, and monitoring urine input and output;
 - (c) Assisting persons with transfer, ambulation and range of motion exercises;

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- (d) Assisting persons with self-administered medications;
 - (e) Reading and recording temperature, pulse, blood pressure and respiration;
 - (f) Measuring and recording height and weight;
 - (g) Observing, documenting and reporting to the supervisory health professional the beneficiary's physical condition, behavior, and appearance, including any changes, and reporting all services provided on a daily basis;
 - (h) Preparing meals in accordance with dietary guidelines and assistance with eating;
 - (i) Performing tasks related to keeping areas occupied by the person in a condition that promotes the person's safety;
 - (j) Implementing universal precautions to ensure infection control;
 - (k) Accompanying the person to medical or dental appointments or place of employment and recreational activities if approved in the person's plan of care;
 - (l) Shopping for items related to promoting the person's nutritional status and other health needs;
 - (m) Providing safety monitoring related to assisting the beneficiary with routine activities of daily living by performing tasks to prevent accidents and injuries to the beneficiary during these activities; and
 - (n) Assistance with telephone use.
3. In order to receive Medicaid reimbursement, PCA services must not include services that require the skills of a licensed professional as defined by the District of Columbia Health Occupations Revision Act of 1985, as amended, effective March 25, 1986 (D.C. Law 6-99; D.C. Official Code §§ 3-1201.01 *et seq.*); tasks usually performed by chore workers or homemakers, such as cleaning of areas not occupied by the person and shopping for items not related to promoting the person's nutritional status and other health needs, and shopping for items not used by the person; and money management.
4. In order to receive Medicaid reimbursement, all PCA services must be supervised by a R.N. Supervision shall include on-site supervision at least once every sixty (60) days.

d. Amount, and Duration of Services

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