

6.d. Other practitioners' services. (continued)

B. **Public health nursing services**, continued.

- a) documentation of: ~~health status~~
 - 1) dependencies in activities of daily living;
 - 2) presence of complex health-related needs; and
 - 3) presence of specific behaviors including physical aggression towards self or others, or destruction of property;
- b) determination of need, including meeting access criteria as described on page 78z;
- c) identification of appropriate services;
- d) service plan development, ~~including, if supervision by a qualified professional is requested, assisting the recipient or responsible party to identify the most appropriate qualified professional;~~
- e) coordination of services;
- f) referrals and follow-up to appropriate payers and community resources;
- g) completion of required reports;
- h) if a need is determined, recommendation and receipt of service authorization; and
- i) recipient education.

A face-to-face assessment is also required when there is a significant change in health status, when the recipient uses PCA Choice and after two phone service update assessments have been completed.

Reassessments are conducted at least annually or when there is a significant change in the recipient's condition and need for services. The reassessment includes:

- a) a review of initial baseline data;
- b) an evaluation of service effectiveness;
- c) a redetermination of need for service;
- d) a modification of the service plan, if necessary, and appropriate referrals;
- e) an update of the initial forms;
- f) if a need is redetermined, recommendation and receipt of service authorization; and
- g) ongoing recipient education.

Service updates are conducted in lieu of an annual face-to-face-reassessment when a recipient's condition or need for personal care assistant services has not changed

26. Personal care services, continued, continued.

I. Personal care services

A. Personal care services include:

1. Assistance in **activities of daily living** including eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;
2. Assistance in **health-related procedures and tasks** per state law including services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant, under the supervision of a qualified professional or the direction of the recipient's physician. A licensed health care professional includes a registered nurse, physician, nurse practitioner, and physician assistant;
3. **Observation and redirection of behaviors** ~~including monitoring and intervention for behavior;~~ and
4. Assistance in **instrumental activities of daily living** including meal planning and preparation; assistance with paying bills; shopping for food, clothing and other essential items; performing essential household tasks integral to personal care services; communication by telephone and other media; and traveling to medical appointments and to participate in the community.

B. Personal care services are provided as follows:

1. Personal care services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for persons with mental retardation (ICF/MR), institution for mental disease, or licensed health care facility.
2. Recipients may use approved units of personal care service outside the home when normal life activities take them outside the home.
3. Personal care services are provided to a recipient who is able to direct his or her own care or to a recipient for whom there is a **responsible party** if the recipient cannot direct his or her own care.

- a. A **responsible party** is a person who:

26. Personal care services, continued, continued.

- B. Personal care provider agencies must provide the following submissions for initial and ongoing enrollment:
1. Basic agency contact information;
 2. Proof of a surety bond, fidelity bond, workers compensation insurance, and liability insurance;
 3. Description of the agency's organization and employees identifying all owners, managing employees, board of directors, and the affiliations of the directors, owners, and staff to other service providers;
 4. Documentation of compliance with background studies
 5. Written policies including employee policies, service delivery policies and grievance policies;
 6. Copies of forms used for daily business;
 7. Documentation of trainings staff are required to attend;
 8. Documentation of completion of required training;
 9. Documentation of the agency's marketing practices;
 10. Disclosure of ownership, leasing, or management of all residential properties;
 11. Documentation of completion of DHS mandatory training by owners, all managing employees, and qualified professionals.
- C. Personal care provider agency general duties
1. Pay the staff based on actual hours of services provided
 2. Withhold and pay all applicable federal and state taxes
 3. Report suspected neglect and abuse to the common entry point, which is an entity in each county serving as a 24 hour intake system for reports of potential abuse and maltreatment.
 4. Provide the recipient with a copy of the Home Care Bill of Rights at start of service
 5. Request reassessments at least 60 days prior to the end of the recipient's current authorization period.
 6. Provide training for the personal care assistant based on the assessed needs of the recipient;
 7. Provide training about care of a person who is ventilator-dependent, if appropriate.
- D. Personal care provider agency criminal background studies
1. The following are required to have successfully completed criminal background studies:
 - a. owners who have a five percent interest or more

26. Personal care services, continued

E. Personal care Assistance Choice option

1. "Personal Care Assistance Choice" is a consumer-directed personal care service option that allows recipients to recruit, hire, terminate, train and supervise their personal care assistants.
2. The enrollment requirements, general duties and policies governing personal care described on pages 78v and 78w apply to the Personal Care Assistance Choice Option with the following exceptions:
 - a. Annual assessments of recipients must be face-to-face.
 - b. Personal Care Assistance Choice provider agencies provide fiscal intermediary services which include administrative and financial responsibilities including collection of time cards, billing for services and payment to staff.
 - c. The recipient and the Personal Care Assistance Choice provider agency must enter into a written agreement that includes the following components:
 - Duties of the recipient, qualified professional, ~~if applicable,~~ personal care assistant, and agency
 - Salary and benefits
 - Administrative fee of the Personal Care Assistance Choice provider agency and services paid for with that fee
 - Grievance procedures to respond to complaints
 - Procedures for hiring and terminating the personal care assistant
 - Documentation requirements
 - d. The recipient is responsible for training the personal care assistant on his/her individual needs for assistance and for development of a care plan.
 - e. If using the shared service option, the recipients may use only one Personal Care Assistance Choice provider agency.
 - f. The Personal Care Assistance Choice provider agency must be the employer of personal care assistants and qualified professionals, subject to state employment law and related regulations;
 - g. The Personal Care Assistance Choice provider agency owners and managing employees must not be related as a parent, child, sibling, or spouse to the recipient, responsible party, qualified professional, or the personal care assistant;
 - h. The Personal Care Assistance Choice provider agency must ensure arms-length transactions without undue influence or coercion with the recipient and personal care assistant.
3. Under Personal Care Assistance Choice, qualified professionals must visit the recipient in the recipient's home at least once every 180 days. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.

26. Personal care services, continued

4. Authorization to use the Personal Care Assistance Choice option will be denied, revoked, or suspended if:
 - a. the public health nurse or qualified professional, as defined below in F.1., determines that use of this option jeopardizes the recipient's health and safety;
 - b. the parties do not comply with the written agreement; or
 - c. the use of the option results in abusive or fraudulent billing.

F. Qualified Professionals

1. "Qualified professional" means the following professionals as defined in state law employed by a personal care provider agency: a registered nurse, mental health professional, licensed social worker, or qualified developmental disability specialist.
2. A qualified professional performs the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care services. The qualified professional develops a care plan based on the service plan developed by the assessor.
3. Recipients or responsible parties utilizing either Personal Care Assistance Choice or personal care provider organizations ~~can choose to~~ must have qualified professional supervision of personal care assistants ~~or to supervise the personal care assistant themselves.~~

G. Personal Care Assistants

1. Must be at least 18 years of age, except that a 16 or 17 year old may be a personal care assistant if they meet all of the requirements for the position, have supervision every 60 days, and are employed by only one personal care provider agency;
2. Must be employed by a personal care provider agency;
3. Must enroll with the department after clearing a criminal background study;
4. Must effectively communicate with the recipient and personal care provider agency;
5. Must provide covered services according to the care plan, respond appropriately to recipient needs, and report changes to the;

26. Personal care services, continued

- physician or the qualified professional;
- 6. Must not be a consumer of personal care services;
- 7. Must maintain daily written records;
- 8. Must report any suspected abuse, neglect or financial exploitation of the recipient to appropriate authorities;
- 9. Must complete standardized training.

III. Amount, duration and scope of personal care services

A. Assessment and Service Plan

- 1. A personal care service plan must be developed at least once every 365 days following an assessment by a public health nurse.
- 2. If the recipient's medical need changes, the recipient's personal care provider agency may request a change in service authorization or make a referral to another service.
- 3. In order to continue to receive personal care services after the first year, a service update may be completed. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this Attachment, except that Personal Care Assistance Choice consumers must have a face-to-face assessment at least annually.

B. ~~Prior~~ Department authorization

- 1. ~~The Department authorization is required for~~ authorizes all personal care services and supervision services.
- 2. Authorization is based on the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options.
- 3. The Department ~~may authorize~~ up to the following amounts of total daily personal care services based on the following:
 - a. The person meets the access criteria of having a dependency in an activity of daily living or having the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - b. The person has been given a home care rating and assigned a daily base amount of time by identifying the number of dependencies in activities of daily living, the presence of complex health related needs and/or the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - c. The person is authorized for additional time as follows:
 - i. 30 additional minutes per day for a dependency in each of the critical activities of daily living of eating, transferring, mobility, and toileting;

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26. Personal care services, continued

- ii. 30 additional minutes per day for each complex health-related need;
 - iii. 30 additional minute per day for each identified behavior description.
4. For people who meet the definition of ventilator-dependent, the department authorizes a combination of personal care assistance, private duty nursing as defined in item 8, and services provided by Medicare Certified Home Health Agencies as defined in items 7, 7.a. and 7.b., up to the limit the Department would pay for all direct care services provided in-home that would be included in the payment for care at a hospital;;
5. The Department authorizes a reasonable amount of time for qualified professional supervision of personal care services;
- ~~a. Up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;~~
 - ~~b. Up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;~~
 - ~~c. up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:~~
 - ~~• self-injury;~~
 - ~~• physical injury to others; or~~
 - ~~• destruction of property;~~
 - ~~d. up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team;~~
 - ~~e. up to the amount medical assistance would pay for facility care for recipients referred by a long term care consultation team;~~
 - ~~f. a reasonable amount of time for the provision of supervision of personal care services, if a qualified professional is requested by the recipient or responsible party.~~
- 4- 6. Department authorization is also required if more than two reassessments are needed during a calendar year to determine a recipient's need for personal care assistant services.

C. Shared Service Option

1. "Shared Service Option" means personal care services provided in the same setting at the same time by the same personal care assistant for two or three recipients, including recipients selecting PCA Choice, who have entered into an agreement to share services,
2. The shared service option must be appropriate based on the ages of the recipients, compatibility, and coordination of their assessed care needs. A contingency plan must be developed that accounts for absence of a recipient in a shared services agreement due to illness or other circumstances.
3. The shared service option is elected by the recipient or responsible party. The recipient or responsible party may withdraw participation in shared services at any time.
4. There must be documentation of the shared services in each recipient's health record including the training of the personal care assistant, number of hours/units shared,

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6.d. Other practitioners' services. (continued)

B. **Public health nursing services,** continued.

- a) documentation of: ~~health status~~
 - 1) dependencies in activities of daily living;
 - 2) presence of complex health-related needs; and
 - 3) presence of specific behaviors including physical aggression towards self or others, or destruction of property;
- b) determination of need, including meeting access criteria as described on page 77z;
- c) identification of appropriate services;
- d) service plan development, ~~including, if supervision by a qualified professional is requested, assisting the recipient or responsible party to identify the most appropriate qualified professional;~~
- e) coordination of services;
- f) referrals and follow-up to appropriate payers and community resources;
- g) completion of required reports;
- h) if a need is determined, recommendation and receipt of service authorization; and
- i) recipient education.

A face-to-face assessment is also required when there is a significant change in health status, when the recipient uses PCA Choice and after two phone service update assessments have been completed.

Reassessments are conducted at least annually or when there is a significant change in the recipient's condition and need for services. The reassessment includes:

- a) a review of initial baseline data;
- b) an evaluation of service effectiveness;
- c) a redetermination of need for service;
- d) a modification of the service plan, if necessary, and appropriate referrals;
- e) an update of the initial forms;
- f) if a need is redetermined, recommendation and receipt of service authorization; and
- g) ongoing recipient education.

Service updates are conducted in lieu of an annual face-to-face-reassessment when a recipient's condition or need for personal care assistant services has not changed

26. Personal care services, continued, continued.

I. Personal care services

A. Personal care services include:

1. Assistance in **activities of daily living** including eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;
2. Assistance in **health-related procedures and tasks** per state law including services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant, under the supervision of a qualified professional or the direction of the recipient's physician. A licensed health care professional includes a registered nurse, physician, nurse practitioner, and physician assistant;
3. **Observation and redirection of behaviors** ~~including monitoring and intervention for behavior;~~ and
4. Assistance in **instrumental activities of daily living** including meal planning and preparation; assistance with paying bills; shopping for food, clothing and other essential items; performing essential household tasks integral to personal care services; communication by telephone and other media; and traveling to medical appointments and to participate in the community.

B. Personal care services are provided as follows:

1. Personal care services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for persons with mental retardation (ICF/MR), institution for mental disease, or licensed health care facility.
2. Recipients may use approved units of personal care service outside the home when normal life activities take them outside the home.
3. Personal care services are provided to a recipient who is able to direct his or her own care or to a recipient for whom there is a **responsible party** if the recipient cannot direct his or her own care.

- a. A **responsible party** is a person who:

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ATTACHMENT 3.1-B

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26. Personal care services, continued, continued.

B. Personal care provider agencies must provide the following submissions for initial and ongoing enrollment:

1. Basic agency contact information;
2. Proof of a surety bond, fidelity bond, workers compensation insurance, and liability insurance;
3. Description of the agency's organization and employees identifying all owners, managing employees, board of directors, and the affiliations of the directors, owners, and staff to other service providers;
4. Documentation of compliance with background studies
5. Written policies including employee policies, service delivery policies and grievance policies;
6. Copies of forms used for daily business;
7. Documentation of trainings staff are required to attend;
8. Documentation of completion of required training;
9. Documentation of the agency's marketing practices;
10. Disclosure of ownership, leasing, or management of all residential properties;
11. Documentation of completion of DHS mandatory training by owners, all managing employees, and qualified professionals.

C. Personal care provider agency general duties

1. Pay the staff based on actual hours of services provided
2. Withhold and pay all applicable federal and state taxes
3. Report suspected neglect and abuse to the common entry point, which is an entity in each county serving as a 24 hour intake system for reports of potential abuse and maltreatment.
4. Provide the recipient with a copy of the Home Care Bill of Rights at start of service
5. Request reassessments at least 60 days prior to the end of the recipient's current authorization period.
6. Provide training for the personal care assistant based on the assessed needs of the recipient;
7. Provide training about care of a person who is ventilator-dependent, if appropriate.

D. Personal care provider agency criminal background studies

1. The following are required to have successfully completed criminal background studies:
 - a. owners who have a five percent interest or more

26. Personal care services, continued

E. **Personal care Assistance Choice** option

1. "Personal Care Assistance Choice" is a consumer-directed personal care service option that allows recipients to recruit, hire, terminate, train and supervise their personal care assistants.
2. The enrollment requirements, general duties and policies governing personal care described on pages 78v and 78w apply to the Personal Care Assistance Choice Option with the following exceptions:
 - a. Annual assessments of recipients must be face-to-face.
 - b. Personal Care Assistance Choice provider agencies provide fiscal intermediary services which include administrative and financial responsibilities including collection of time cards, billing for services and payment to staff.
 - c. The recipient and the Personal Care Assistance Choice provider agency must enter into a written agreement that includes the following components:
 - Duties of the recipient, qualified professional, ~~if applicable,~~ personal care assistant, and agency
 - Salary and benefits
 - Administrative fee of the Personal Care Assistance Choice provider agency and services paid for with that fee
 - Grievance procedures to respond to complaints
 - Procedures for hiring and terminating the personal care assistant
 - Documentation requirements
 - d. The recipient is responsible for training the personal care assistant on his/her individual needs for assistance and for development of a care plan.
 - e. If using the shared service option, the recipients may use only one Personal Care Assistance Choice provider agency.
 - f. The Personal Care Assistance Choice provider agency must be the employer of personal care assistants and qualified professionals, subject to state employment law and related regulations;
 - g. The Personal Care Assistance Choice provider agency owners and managing employees must not be related as a parent, child, sibling, or spouse to the recipient, responsible party, qualified professional, or the personal care assistant;
 - h. The Personal Care Assistance Choice provider agency must ensure arms-length transactions without undue influence or coercion with the recipient and personal care assistant.
3. Under Personal Care Assistance Choice, qualified professionals must visit the recipient in the recipient's home at least once every 180 days. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.

26. Personal care services, continued

4. Authorization to use the Personal Care Assistance Choice option will be denied, revoked, or suspended if:
 - a. the public health nurse or qualified professional, as defined below in F.1., determines that use of this option jeopardizes the recipient's health and safety;
 - b. the parties do not comply with the written agreement; or
 - c. the use of the option results in abusive or fraudulent billing.

F. Qualified Professionals

1. "Qualified professional" means the following professionals as defined in state law employed by a personal care provider agency: a registered nurse, mental health professional, licensed social worker, or qualified developmental disability specialist.
2. A qualified professional performs the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care services. The qualified professional develops a care plan based on the service plan developed by the assessor.
3. Recipients or responsible parties utilizing either Personal Care Assistance Choice or personal care provider organizations ~~can choose~~ ~~to~~ must have qualified professional supervision of personal care assistants ~~or to supervise the personal care assistant themselves.~~

G. Personal Care Assistants

1. Must be at least 18 years of age, except that a 16 or 17 year old may be a personal care assistant if they meet all of the requirements for the position, have supervision every 60 days, and are employed by only one personal care provider agency;
2. Must be employed by a personal care provider agency;
3. Must enroll with the department after clearing a criminal background study;
4. Must effectively communicate with the recipient and personal care provider agency;
5. Must provide covered services according to the care plan, respond appropriately to recipient needs, and report changes to the

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ATTACHMENT 3.1-B

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26. Personal care services, continued

- physician or the qualified professional;
6. Must not be a consumer of personal care services;
 7. Must maintain daily written records;
 8. Must report any suspected abuse, neglect or financial exploitation of the recipient to appropriate authorities;
 9. Must complete standardized training.

III. Amount, duration and scope of personal care services

A. Assessment and Service Plan

1. A personal care service plan must be developed at least once every 365 days following an assessment by a public health nurse.
2. If the recipient's medical need changes, the recipient's personal care provider agency may request a change in service authorization or make a referral to another service.
3. In order to continue to receive personal care services after the first year, a service update may be completed. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this Attachment, except that Personal Care Assistance Choice consumers must have a face-to-face assessment at least annually.

B. ~~Prior~~ Department authorization

1. The Department ~~authorization is required for~~ authorizes all personal care services and supervision services.
2. Authorization is based on the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options.
3. The Department ~~may authorize~~ up to the following amounts of total daily personal care services based on the following:
 - a. the person meets the access criteria of having a dependency in an activity of daily living or having the presence of specific behaviors including physical aggression towards self, others or destruction of property;
 - b. the person has been given a home care rating and assigned a daily base amount of time by identifying the number of dependencies in activities of daily living, the presence of complex health related needs and/or the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - c. the person is authorized for additional time as follows:
 - i. 30 additional minutes per day for a dependency in each of the critical activities of daily living of eating, transferring, mobility, and toileting;

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26. Personal care services, continued

- ii. 30 additional minutes per day for each complex health-related need;
 - iii. 30 additional minute per day for each identified behavior description.
4. For people who meet the definition of ventilator-dependent, the department authorizes a combination of personal care assistance, private duty nursing services as defined in item 8, and services provided by Medicare Certified Home Health Agencies as defined in items 7, 7.a. and 7.b., up to the limit the Department would pay for all direct care services provided in-home that would be included in the payment for care at a hospital;
5. The Department authorizes a reasonable amount of time for qualified professional supervision of personal care services;
- ~~a. Up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;~~
 - ~~b. Up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;~~
 - ~~e. up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:-----~~
 - ~~• self-injury;~~
 - ~~• physical injury to others; or~~
 - ~~• destruction of property;~~
 - ~~d. up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team;~~
 - ~~e. up to the amount medical assistance would pay for facility care for recipients referred by a long term care consultation team;~~
 - ~~f. a reasonable amount of time for the provision of supervision of personal care services, if a qualified professional is requested by the recipient or responsible party.~~
- ~~4- 6.~~ Department authorization is also required if more than two reassessments are needed during a calendar year to determine a recipient's need for personal care assistant services.

C. Shared Service Option

1. "Shared Service Option" means personal care services provided in the same setting at the same time by the same personal care assistant for two or three recipients, including recipients selecting PCA Choice, who have entered into an agreement to share services,
4. The shared service option must be appropriate based on the ages of the recipients, compatibility, and coordination of their assessed care needs. A contingency plan must be developed that accounts for absence of a recipient in a shared services agreement due to illness or other circumstances.
5. The shared service option is elected by the recipient or responsible party. The recipient or responsible party may withdraw participation in shared services at any time.
4. There must be documentation of the shared services in each recipient's health record including the training of the personal care assistant, number of hours/units shared,