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State/Territory Name: District of Columbia

State Plan Amendment (SPA) #: 15-0007

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved 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 #091620154092

August 5, 2016

Claudia Schlosberg, J.D.
Senior Deputy Director/State Medicaid Director
District of Columbia
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) 15-007 entitled, Personal Care Services. This SPA will allow the District under 42.C.F.R. 440.167, the authority to provide personal care services under the State Plan for medical assistance.

We are pleased to inform you that, after extensive review, this amendment is approved; its effective date is November 14, 2015.

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 Alice Robinson Penn at 215-861-4261 or by email at Alice.RobinsonPenn@cms.hhs.gov

Sincerely,

Francis T.

Mccullough -S

Francis McCullough
Associate Regional Administrator

Digitally signed by
Francis T. Mccullough -S
Date: 2016.08.05 16:00:34
-04'00'

Enclosure

cc: Alice Weiss, DHCF

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	1. TRANSMITTAL NUMBER: 15-007	2. STATE District of Columbia
	3. PROGRAM IDENTIFICATION: Title XIX of the Social Security Act	
4. PROPOSED EFFECTIVE DATE November 14, 2015 October 1, 2015		

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 Section 1102 of the Social Security Act (42 USC 1302)	7. FEDERAL BUDGET IMPACT a. FFY 15 \$ 0 b. FFY 16 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1 A page 9d Supplement 1 to Attachment 3.1 A pages 29,30,31,31a,31b,31c, and 31d Supplement 1 to Attachment 3.1 B pages 28, 29, 30, 30a,30b, 30c and 30d Attachment 3.1 C pages 6, and 7 Attachment 4.19 B pages 15, 15a	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1 A page 9d Supplement 1 to Attachment 3.1 A pages 29,30, and 31 Supplement 1 to Attachment 3.1 B pages 28, 29, and Attachment 3.1-C pages, 6 (deleted) and 7 (deleted) Attachment 4.19 B page 15


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: 21-158
☐ 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 August 25, 2015	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED August 25, 2015	18. DATE APPROVED August 2, 2016
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL November 14, 2015	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Francis McCullough	22. TITLE Associate Regional Administrator

23. REMARKS

Remarks: District requested CMS do a pen & ink change on Box 4. The new effective date of the SPA is November 14, 2015

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

b. Services of Christian Science nurses.

_____ Provided: _____ No limitations _____ With limitations

 X Not provided

c. Care and services provided in Christian Science sanatoria.

_____ Provided: _____ No limitations _____ With limitations

 X Not provided

d. Nursing facility services for patients under 21 years of age.

 X Provided: X No limitations _____ With limitations

_____ Not provided

e. Emergency hospital services.

 X Provided: _____ No limitations X With limitations

_____ Not provided

f. Personal Care Services.

 X Provided: _____ No limitations X With limitations

_____ Not provided

*Description provided on Supplement 1 to Attachment 3.1-A.

(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 provide cueing or hands- on assistance for individuals with 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. However, persons living in assisted living may receive PCA services upon prior authorization by DHCF or its agent.

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 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 Supports Services (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. A R.N. employed by DHCF or its agent shall conduct a face-to-face re-assessment of each person's need for the receipt of PCA services at least every twelve (12) months, or when there is a significant change in the person's condition. Any requests to conduct a re-assessment based upon a significant change in the person's condition may be made by the person seeking services, the person's representative, family member, or their physician or APRN.
 7. DHCF may authorize the validity of the face-to-face reassessment for a period not to exceed eighteen (18) months to align the level of need assessment date with the Medicaid renewal date.
 8. The twelve (12) month assessment and 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.
 9. 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, but whose needs are less than those requiring an institutional level of care.
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;

- (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; and
 - (m) 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**

1. The amount and duration of PCA services shall be determined by the PCA authorization in combination with the person's needs as reflected in the plan of care in an amount not to exceed eight (8) hours per day seven (7) days per week.
2. Personal care services are provided in a manner consistent with the requirements of Early and Periodic Screening, Diagnostic and Treatment (EPSDT). An individual under the age of twenty-one (21) will have access to all medically necessary Medicaid services provided by any willing and qualified Medicaid provider of the individual's choice.
3. When the cost of PCA services, in addition to other home care services, exceeds the cost of institutional care over a six (6) month period, the State Medicaid Agency may limit or deny PCA services on a prospective basis.

e. Plan of Care

1. In order to receive Medicaid reimbursement, a R.N. employed by a provider must conduct an initial face-to-face visit to develop the initial plan of care for delivering PCA services no later than seventy-two (72) hours after receiving the referral for services from DHCF or its designated agent.
2. Each plan of care for PCA services must meet the following:
 - (a) Be developed by a R.N. in conjunction with the person and their representative based upon the initial face-to-face visit with the person receiving services;
 - (b) Specify how the person's need, as identified by the face-to-face assessment tool, will be met within the amount, duration, scope, and hours of services authorized by the PCA Service Authorization;
 - (c) Consider the person's preferences regarding the scheduling of PCA services;
 - (d) Specify the detailed services to be provided, their frequency, and duration, and expected outcome(s) of the services rendered consistent with the PCA Service Authorization;
 - (e) Be approved and signed by the person's physician or an A.P.R.N. within thirty (30) days of the start of care, provided the physician or nurse 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; and
 - (f) Incorporate person-centered planning principles that include:

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- (1) Ensuring that the planning process includes individuals chosen by the person;
 - (2) Ensuring that the planning process incorporates the person's needs, strengths, preferences, and goals for receiving PCA services;
 - (3) Providing sufficient information to the person to ensure that he/she can direct the process to the maximum extent possible;
 - (4) Reflecting cultural considerations of the person and is conducted by providing all information in plain language or consistent with any Limited English Proficient (LEP) considerations;
 - (5) Strategies for solving conflicts or disagreements; and
 - (6) A method for the person to request updates to the plan.
 3. After an initial plan of care is developed, all subsequent annual updates and modifications to plans of care shall be submitted to DHCF or its agent for approval in accordance with Section e.2 (Plan of Care), except the signature requirements prescribed under e.2 (e).
 4. The Provider shall initiate services no later than twenty-four (24) hours after completing the plan of care unless the person's health or safety warrants the need for more immediate service initiation or the person and his/her representative agree that services should start at a later date.
 5. The R.N. at minimum, shall visit each beneficiary within forty-eight (48) hours of initiating personal care services, and no less than every sixty (60) days thereafter, to monitor the implementation of the plan of care and the quality of PCA services provided to the beneficiary.
 6. The R.N. shall notify the person's physician of any significant change in the person's condition.
 7. The R.N. shall provide additional supervisory visits to each person if the situation warrants additional visits, such as in the case of an assignment of a new personal care aide or change in the person's condition.
 8. If an update or modification to a person's plan of care requires an increase or decrease in the number of hours of PCA services provided to the person, the Provider must obtain an updated PCA Service Authorization from DHCF or its designated agent, subsequent to the request for reassessment for services.
 9. Each Provider shall coordinate a beneficiary's care by sharing information with all other health care and service providers, as applicable, to ensure that the beneficiary's care is organized and to achieve safer and more effective health outcomes.

10. If a beneficiary is receiving Adult Day Health Program (ADHP) services under the 1915 (i) State Plan Option and PCA services, a provider shall coordinate the delivery of PCA services to promote continuity and avoid the duplication of care.

f. Provider Qualifications

1. A provider of PCA services must be a D.C. Medicaid enrolled home care agency licensed in accordance with Health Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code, §§ 44-501 et seq. (2005 Repl. & 2012 Supp.)), and implementing rules, and be enrolled as a Medicare home health agency qualified to offer skilled services as set forth in Sections 1861(o) and 1891(e) of the Social Security Act and 42 CFR § 484.
2. A Provider may contract with a licensed staffing agency to secure staff to deliver PCA services.

g. PCA Requirements

1. In order to receive Medicaid reimbursement for the delivery of PCA services, each PCA hired by the home care agency must have the following qualifications:
 - (a) Obtain or have an existing Home Health Aide certification in accordance with Chapter 93 of Title 17 of the District of Columbia Municipal Regulations;
 - (b) Confirm, on an annual basis, that he or she is free from communicable diseases including tuberculosis and hepatitis, by undergoing an annual purified protein derivative (PPD) test and receiving a hepatitis vaccine during physical examination by a physician, and obtaining written and signed documentation from the examining physician confirming freedom from communicable disease;
 - (c) Provide evidence of current cardio pulmonary resuscitation and first aid certification;
 - (d) Pass a criminal background check pursuant to the Licensed Health Professional Criminal Background Check Amendment Act of 2006, effective March 6, 2007 (D.C. Law 16-222; D.C. Official Code § 3-1205.22) and 17 DCMR § 9303;
 - (e) Pass a reference check and a verification of prior employment;

- (f) Have an individual National Provider Identification (NPI) number obtained from National Plan and Provider Enumeration System (NPES);
- (g) Obtain at least twelve (12) hours of continuing education or in-service training annually in accordance with the Department of Health's Home Care Agency training requirements under 22-B DCMR§ 3915;
- (h) Meet all of the qualifications for Home Health Aide trainees in accordance with Chapter 93 of Title 17, which includes the following:
 - (1) Be able to understand, speak, read, and write English at a fifth (5th) grade level;
 - (2) Be knowledgeable about infection control procedures; and
 - (3) Possess basic safety skills including being able to recognize an emergency and be knowledgeable about emergency procedures.

h. Service Limitations

- 1. The reimbursement of relatives other than the person's spouse, a parent of a minor child, or any other legally responsible relative or court-appointed guardian may provide PCA services. Legally responsible relatives do not include parents of adult children.
- 2. Family members providing PCA services must meet the PCA Requirements described under Section g.

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

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- (d) Assisting persons with self-administered medications;
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 - (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;
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 - (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;
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 - (c) Consider the person's preferences regarding the scheduling of PCA services;
 - (d) Specify the detailed services to be provided, their frequency, and duration, and expected outcome(s) of the services rendered consistent with the PCA Service Authorization;
 - (e) Be approved and signed by the person's physician or an A.P.R.N. within thirty (30) days of the start of care, provided the physician or nurse 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; and
 - (f) Incorporate person-centered planning principles that include:
 - (1) Ensuring that the planning process includes individuals chosen by the person;

- (2) Ensuring that the planning process incorporates the person's needs, strengths, preferences, and goals for receiving PCA services;
 - (3) Providing sufficient information to the person to ensure that he/she can direct the process to the maximum extent possible;
 - (4) Reflecting cultural considerations of the person and is conducted by providing all information in plain language or consistent with any Limited English Proficient (LEP) considerations;
 - (5) Strategies for solving conflicts or disagreements; and
 - (6) A method for the person to request updates to the plan.
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6. The R.N. shall notify the person's physician of any significant change in the person's condition.
7. The R.N. shall provide additional supervisory visits to each person if the situation warrants additional visits, such as in the case of an assignment of a new personal care aide or change in the person's condition.
8. If an update or modification to a person's plan of care requires an increase or decrease in the number of hours of PCA services provided to the person, the Provider must obtain an updated PCA Service Authorization from DHCF or its designated agent, subsequent to the request for reassessment for services.
9. Each Provider shall coordinate a beneficiary's care by sharing information with all other health care and service providers, as applicable, to ensure that the beneficiary's care is organized and to achieve safer and more effective health outcomes.
10. If a beneficiary is receiving Adult Day Health Program (ADHP) services under the 1915 (i) State Plan Option and PCA services, a provider shall coordinate the delivery of PCA services to promote continuity and avoid the duplication of care.

f. Provider Qualifications

1. A provider of PCA services must be a D.C. Medicaid enrolled home care agency licensed in accordance with Health Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983, effective February 24, 1984 (D.C. Law 5-48; D.C. Official Code, §§ 44-501 et seq. (2005 Repl. & 2012 Supp.)), and implementing rules, and be enrolled as a Medicare home health agency qualified to offer skilled services as set forth in Sections 1861(o) and 1891(e) of the Social Security Act and 42 CFR § 484.
2. A Provider may contract with a licensed staffing agency to secure staff to deliver PCA services.

g. PCA Requirements

1. In order to receive Medicaid reimbursement for the delivery of PCA services, each PCA hired by the home care agency must have the following qualifications:
 - (a) Obtain or have an existing Home Health Aide certification in accordance with Chapter 93 of Title 17 of the District of Columbia Municipal Regulations;
 - (b) Confirm, on an annual basis, that he or she is free from communicable diseases including tuberculosis and hepatitis, by undergoing an annual purified protein derivative (PPD) test and receiving a hepatitis vaccine during physical examination by a physician, and obtaining written and signed documentation from the examining physician confirming freedom from communicable disease;
 - (c) Provide evidence of current cardio pulmonary resuscitation and first aid certification;
 - (d) Pass a criminal background check pursuant to the Licensed Health Professional Criminal Background Check Amendment Act of 2006, effective March 6, 2007 (D.C. Law 16-222; D.C. Official Code § 3-1205.22) and 17 DCMR § 9303;
 - (e) Pass a reference check and a verification of prior employment;
 - (f) Have an individual National Provider Identification (NPI) number obtained from National Plan and Provider Enumeration System (NPPES);
 - (g) Obtain at least twelve (12) hours of continuing education or in-service training annually in accordance with the Department of Health's Home Care Agency training requirements under 22-B DCMR§ 3915;

(h) Meet all of the qualifications for Home Health Aide trainees in accordance with Chapter 93 of Title 17, which includes the following:

- (1) Be able to understand, speak, read, and write English at a fifth (5th) grade level;
- (2) Be knowledgeable about infection control procedures; and
- (3) Possess basic safety skills including being able to recognize an emergency and be knowledgeable about emergency procedures.

h. Service Limitations

1. The reimbursement of relatives other than the person's spouse, a parent of a minor child, or any other legally responsible relative or court-appointed guardian may provide PCA services. Legally responsible relatives do not include parents of adult children.
2. Family members providing PCA services must meet the PCA Requirements described under Section g.

15. Personal Care Providers (Delete section)

TN No. 15-007

Supersedes

TN No. 94-17
2015 _____

Approval Date 8/2/2016

Effective Date November 14,

24. Personal Care Services

- a. Payment for Personal Care Aide Services shall be provided at an hourly rate established by the State Medicaid Agency to be billed in fifteen (15) minute increments.
- b. Each Provider shall maintain adequate documentation substantiating the delivery of allowable services provided in accordance with PCA service authorization and the person's plan of care for each unit of service submitted on every claim.
- c. Reimbursement will be the lesser of the amount established by the Medicaid agency or the amount charged by the provider.
- d. Claims for PCA services submitted by a Provider in any period during which the person has been admitted to another health care facility shall be denied except on the day when the person is admitted or discharged.
- e. The agency's fee schedule rate was set as of November 14th, 2015 and is effective for services provided on or after that date. The agency's fee schedule rate will be updated annually to reflect changes in the Medicare Home Health Agency Market Basket and changes in the District of Columbia Living Wage. All rates are published on the agency's website at www.dhcf.dc.gov. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners and the fee schedule and any annual/periodic adjustments to the fee schedule are published in <https://www.dc-medicaid.com/dcwebportal/nonsecure/feeScheduleDownload>

25. Rehabilitative Services

Mobile Community Outreach Service Teams (MCOTT)

1. MCOTT providers shall be reimbursed at a flat rate for each day on which at least one face-to-face services for the client is provided. This rate will be established by the Medicaid agency. An example follows:

Direct service yearly cost	= \$1,753,700.00
Fringe Benefits & Administration (overhead which is 33% of direct service total costs)	= \$578,721.00
Total Costs	= \$2,332,421.00

Hypothetical number of clients = 100.

Rate Calculation: $(\$2,332,421.00/100)/365\text{days}$ = \$ 63.90
(this is a per person, per day rate)

2. Services must be medically necessary and prior authorized.
3. Reimbursement will not be made for services provided during a client's inpatient hospitalization.

TN No. 15-007

Supercedes

TN No. NEW

Approval Date: 8/2/2016 Effective Date November 14, 2015