

## **Table of Contents**

**State/Territory Name: DC**

**State Plan Amendment (SPA) #: 20-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



Medicaid and CHIP Operations Group

---

August 14, 2020

Melisa Byrd  
Medicaid Director  
Department of Health Care Finance  
441 4<sup>th</sup> Street, N.W., 9<sup>th</sup> Floor, South  
Washington, D.C. 20001

Dear Ms. Byrd:

I am writing to inform you that we have reviewed the District of Columbia's State Plan Amendment (SPA) 20-0002, Personal Care Aide (PCA) Services Long-Term Care Services and Supports (LTCSS) Assessment Process Requirements. This SPA proposes to update LTCSS assessment requirements for beneficiaries receiving PCA services to align with changes made to the District's assessment process and corresponding regulations.

We are pleased to inform you that, after extensive review, this amendment was approved on August 7, 2020 with a July 1, 2020 effective date. A copy of the approved State Plan pages and signed CMS-179 form are included under this cover.

If you have any further questions regarding this SPA, please contact Dan Belnap at (215) 861-4273 or by email at [Dan.Belnap@cms.hhs.gov](mailto:Dan.Belnap@cms.hhs.gov).

Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott. A small blue circular mark is visible at the bottom left corner of the redaction box.

James G. Scott, Director  
Division of Program Operations

Enclosures

cc:  
Alice Weiss, DHCF  
Eugene Simms, DHCF  
Nicole McKnight, CMS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: <b>20-002</b>	2. STATE: <b>District of Columbia</b>
	3. PROGRAM IDENTIFICATION: <b>Title XIX of the Social Security Act</b>	

TO: Regional Administrator Centers for Medicare & Medicaid Services Department of Health and Human Services	4. PROPOSED EFFECTIVE DATE: <b>July 1, 2020</b>
---	--

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: <b>42 CFR 440.167</b>	7. FEDERAL BUDGET IMPACT: <b>FFY20: \$ 0</b> <b>FFY21: \$ 0</b>
--	---

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Supplement 1 to Attachment 3.1-A, pp. 29-30A</b> <b>Supplement 1 to Attachment 3.1-B , pp. 28-29A</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Supplement 1 to Attachment 3.1-A, pp. 29-30A</b> <b>Supplement 1 to Attachment 3.1-B, pp. 28-29A</b>
--	--

10. SUBJECT OF AMENDMENT:  
**Personal Care Aide (PCA) Services Long-Term Care Services and Supports (LTCSS) Assessment Process Requirements**

11. GOVERNOR'S REVIEW (Check One)


GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      **D.C. Act: 22-434**  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Melisa Byrd Senior Deputy Director/Medicaid Director Department of Health Care Finance 441 4 <sup>th</sup> Street, NW, 9 <sup>th</sup> Floor, South Washington, DC 20001
13. TYPED NAME <b>Melisa Byrd</b>	
14. TITLE <b>Senior Deputy Director/Medicaid Director</b>	
15. DATE SUBMITTED <b>June 30, 2020</b>	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED June 30, 2020	18. DATE APPROVED August 7, 2020
------------------------------------	----------------------------------

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL July 1, 2020	20. SIGNATURE OF REGIONAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

(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.
4. The District of Columbia will comply with the Electronic Visit Verification System (EVV) requirements for PCA services by January 1, 2021.

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. An R.N. or Licensed Independent Clinical Social Worker (LICSW) employed by DHCF or its designated agent shall conduct the initial face-to-face assessment or reassessment following the receipt of a request for an assessment.
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. The supervisory nurse employed by the home health agency shall request that a face-to-face reassessment be conducted for each beneficiary at least once every twelve (12) months or upon a significant change in the beneficiary's health status.

7. Requests to conduct a reassessment 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. Through December 31, 2017, 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.
9. Any reassessment 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.
10. 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;

(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.
4. The District of Columbia will comply with the Electronic Visit Verification System (EVV) requirements for PCA services by January 1, 2021.

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. An R.N. or Licensed Independent Clinical Social Worker (LICSW) employed by DHCF or its designated agent shall conduct the initial face-to-face assessment or reassessment following the receipt of a request for an assessment.
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 request that a face-to-face reassessment be conducted for each beneficiary at least once every twelve (12) months or upon a significant change in the beneficiary's health status.



7. Requests to conduct a reassessment 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. Through December 31, 2017, 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.
9. Any reassessment 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.
10. 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;