Coordination of State Plan Personal Care in conjunction with Division of Developmental Disabilities (DD) Waiver Services

It is a federal requirement that Medicaid State Plan services be exhausted prior to accessing a comparable service within a Home and Community Based Services (HCBS) Waiver program (e.g., Personal Care and Personal Assistant). Medicaid State Plan Personal Care includes agency-based and consumer-directed services.

Encouragement and instruction (prompting and cueing) of participants in self-care may be a component of a task in State Plan Personal Care; however, encouragement and instruction do not constitute a task in and of themselves. Therefore, if a DD waiver participant only requires prompting and cueing to perform a task independently, a referral to Department of Health and Senior Services (DHSS) is not required.

Medicaid participants can receive services through only one Medicaid Home and Community Based Waiver at a time, regardless of the state agency administering the Waiver.

DD Support Coordinators to DHSS - Referral Process

- The Support Coordinator will work with the individual/family to identify needs and discuss the process of referring to DHSS for state plan services prior to accessing waiver services. This will ensure that the individual/family is aware that a referral is being made to DHSS.

- If the services are appropriate via state plan, the request is sent by the Support Coordinator:
  - To the Division of Senior and Disability Services (DSDS) Call Center at 866-835-3505 (for adults 18 and over). The Call Center will pre-screen the referral. If appropriate, they will assign to regional staff to complete an in-home assessment.
  - To the Bureau of Special Health Care Needs (SHCN) Central Office at 573-751-6246 (for children birth - 21). Central Office will route the call to the appropriate SHCN Regional Office. If appropriate, the referral will be assigned to SHCN regional staff to conduct an assessment.
• State Plan Personal Care for Managed Care Program participants must be authorized through the Managed Care Program. DHSS does not authorize services for managed care participants. Individuals need to contact the number on their managed care plan card.

• If a child is already receiving private duty nursing services through Healthy Children and Youth (HCY) there is no need to refer the child to SHCN for state plan personal care services. If personal care services were appropriate for the child, the child would be authorized for personal care.

• If the participant is eligible for DSDS services, DSDS will forward the Person Centered Care Plan (PCCP) to the DD Support Coordinator. The DD Support Coordinator utilizes the care plan to develop the Individualized Support Plan (ISP) for DD services.

• When changes are made to the DSDS PCCP, at reassessment or through care plan maintenance, a copy of the new PCCP shall be provided to the DD Support Coordinator.

• The Support Coordinator documents in the ISP the personal assistance needs of the individual.

• The ISP must clarify whether personal assistance is for hands on assistance (state plan) versus cueing/prompting/training (DD).

**Support Coordinator Documents in the ISP**

• Indicate whether a referral was made to DHSS (DSDS and/or SHCN) for state plan personal care. If a referral was not made provide an explanation.

• If DHSS approves eligibility, the ISP must document the hours of personal care services authorized by DHSS.

• If SHCN declines to authorize services a denial letter will be sent to the family. The Support Coordinator will obtain a copy of the denial letter from the family.

• If the individual chooses not to accept State Plan-agency based services, the hours authorized through State Plan-Agency based services will not be authorized under the DD waiver Personal Assistance service. State Plan-Agency based services must be exhausted before accessing waiver services. This should be documented in the ISP.
• If the individual chooses to not participate in an assessment for State Plan Personal Care, DSDS staff shall advise the individual that the cost maximum for State Plan Personal Care will be deducted from the DD Waiver ISP. This may encourage the individual to participate. If they still choose not to participate, DSDS staff shall notify the DD support coordinator of the cost maximum for the State Plan Personal Care to be deducted from the DD Waiver ISP.

• Support Coordinator will explain to families that DHSS services cannot be started in order to access waiver services, and then stop DHSS services once receiving DD waiver services.

• If DHSS denies eligibility, documentation of the denial should be submitted with the ISP to Utilization Review (UR). Documentation may include either a copy of the adverse action letter to the participant, or documentation of a phone call between the Support Coordinator and DHSS validating the denial. Phone call documentation must include the date, and the name of the individual validating the denial.

• UR Committee reviews the ISP to verify state plan services have been accessed if appropriate. Partnership for Hope Waiver ISPs and referral documentation will be reviewed by the Regional Office Director/Designee.

Special Considerations for State Plan Services

Self-direction: Only participants who are at least 18 years of age and who have the ability to self-direct their own personal care service may qualify for State Plan – Consumer Directed Services. For participants who qualify for State Plan – Consumer Directed Services, DSDS staff shall coordinate with the DD Support Coordinator to inform the participant they may only be enrolled in one self-direction program. The DD Support Coordinator will assist in educating the participant about their self-directed service options through DD services, so the participant can make an informed decision.

NOTE: Participants qualifying for both self-directed programs who choose to receive self-directed services through DD will be authorized for State Plan-Agency based services by DSDS staff. If the participant chooses not to accept State Plan-agency based services, this information shall be documented in DSDS case notes and the DD Support Coordinator’s case notes. The DD Support Coordinator will follow the steps as outlined in the “Support Coordinator documents in the ISP” section on page 2 of this process. No DSDS Adverse Action Notice shall be sent to the participant in these circumstances. However, DSDS staff shall provide a copy of the proposed Person Centered Care Plan,
[i.e., In-Home Services Worksheet] to the DD Support Coordinator as they will need this information to develop the ISP for DD services.

**Restrictions:** Participants authorized for the following services through DD are not eligible to receive State Plan Personal Care services through DSDS:
- Shared Living
- Residential Habilitation (Group Homes)
- Individualized Supportive Living (ISL)

**Link:** For a complete listing of DSDS limits, units, and rates go to: [http://health.mo.gov/seniors/hcbs/hcbsmanual/pdf/3.00appendix1.pdf](http://health.mo.gov/seniors/hcbs/hcbsmanual/pdf/3.00appendix1.pdf)

**Overview of State Plan Personal Care Services**

Personal care services are generally medically oriented tasks provided as an alternative to nursing facility care that are designed to meet the maintenance needs of individuals with chronic health conditions. Personal care services must be reasonable according to the condition and functional capacity of the participant.

**State plan personal care services may include any of the following tasks**

Note: Suggested times and frequencies have been developed by DSDS with the care needs of an average or typical DSDS participant in mind. In the development of the DSDS person centered care plan, consideration shall be given regarding the size of the home, geographic location, specific participant limitations, formal and informal supports, and other factors that might affect the amount of time necessary to complete required tasks. SHCN authorizes assistance with activities of daily living, however the SHCN authorization is not based on the DSDS suggested tasks, times, and frequencies.

- **Dietary:** Assistance with meal preparation and cleanup and assistance with eating/feeding. Consideration shall also be given to the participant’s ability to prepare a light meal such as sandwiches, soups, and salads and/or the availability of home-delivered meals. (Suggested time 10-60 minutes – Suggested frequency 1-7 x/week)

- **Dressing/Grooming:** Assistance with dressing and grooming including help with dressing and undressing, combing hair, nail care, oral hygiene and denture care, and shaving. (Suggested time 15 minutes – Suggested frequency 1-7 x/week)

- **Bathing:** Assistance with bathing, including shampooing hair. (Suggested time 30-45 minutes – Suggested frequency 1-7 x/week)
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- Toileting/Continence: Assistance in going to the bathroom and changing bed linen. May also include the changing of bed linens for participants with medically related limitations that prohibit the completion of this task. Mobility and transfer to the bathroom should be included and delivered as needed. (Suggested time 5-10 minutes – Suggested frequency as needed)

- Mobility/Transfer: Assistance with transfer and ambulation when the participant can at least partially bear their own weight. Actual lifting of the participant is not an appropriate task. (Suggested time 5-10 minutes – Suggested frequency as needed).
  - Self-Administration of Medications: Assistance with self-administration of medication and applying nonprescription topical ointments or lotions. Self-administration of medication is defined in 19 CSR 30-83.010 (46) as the act of actually taking or applying medication to oneself. For example, the time spent handing the medication container and water to the participant so the participant can self-administer their medications would be appropriately calculated in the time for this task. (Suggested time 1 unit per day for self-administration of medications for participants who take medications up to three times daily and 2 units per day for participants who take medications four times or more daily).
  - Administration of medication is not a covered task within the personal care program. The self-administration of medication task does not include the amount of time required by the facility staff to administer the medication. Administration of medication is defined in 19 CSR 30-86.042 (51) as delivering to a resident his or her prescription medication either in the original pharmacy container or for internal medication, removing an individual dose from the pharmacy container and placing it in a small container or liquid medium for the resident to remove from the container and self-administer.

- Medically Related Household Tasks: Includes the tasks outlined under Homemaker services in the Home and Community Based Services (HCBS) manual.

  Note: Encouragement (prompting and cueing) and instruction of participants in self-care may be a component of the tasks described above; however, encouragement and instruction do not constitute a task in and of themselves.

For more information about DSDS, HCBS, please go to their manual: http://health.mo.gov/seniors/hcbs/hcbsmanual/index.php