PART II – Chapter 1400
POLICIES AND PROCEDURES
for
EDWP (CCSP and SOURCE)
PERSONAL SUPPORT SERVICES/
CONSUMER DIRECTION/
STRUCTURED FAMILY CAREGIVER



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION OF MEDICAID

Revised: October 1, 2024

PART II - POLICIES AND PROCEDURES
FOR
PERSONAL SUPPORT SERVICES/CONSUMER DIRECTION/STRUCTURED FAMILY CAREGIVER

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Revision Date	**Section**	**Description of Revision**	**Revision Type**	**Citation**
10/01/2024	**1401.1 NOTE Chapter 1400 EDWP (CCSP and SOURCE) Personal Support/Consumer Direction/Structured Family Care Services Manual**	**Updates policy re PSS/X and ADH.**	**Policy Clarification/Update**	**DCH Policy**
10/01/2024	**1407.2 (2) NOTE Chapter 1400 EDWP (CCSP and SOURCE) Personal Support/Consumer Direction/Structured Family Care Services Manual**	**Updates policy re two members with one caregiver and backup plan of care requirements**	**Policy Clarification/Update**	**DCH Policy**
10/01/2024	**1407.8 NOTE Chapter 1400 EDWP (CCSP and SOURCE) Personal Support/Consumer Direction/Structured Family Care Services Manual**	**Updates – language update regarding coaching care plan**	**Policy Clarification/Update**	**DCH Policy**

PREFACE

Personal Support Services

Policies and procedures in this Chapter apply to all Personal Support Services providers. This Chapter must be used in conjunction with the manuals listed below.

Part I - Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II - Chapters 600 – 1000 Policies and Procedures for CCSP and SOURCE General Services Manual

Rules and Regulations for Private Home Care Providers, Chapter 290-5-54

PART II - CHAPTER 1400

1400. General

EDWP (CCSP and SOURCE) provides Personal Support Services (PSS) to individuals at risk of placement in a nursing facility. The intent of the service is to provide quality, competent care to EDWP CCSP/SOURCE members in the form of:

- personal care
- housekeeping
- home management
- proper nutrition
- medically-related activities
- ambulation
- respite care to caregivers.

These services are expected to maintain or increase the functioning capacity of the members being served and focus on the relationship between the member and the member's needs. Reimbursement for PSS will be made only to licensed Private Home Care Providers enrolled in the EDWP CCSP/SOURCE. The agency must be fully licensed without restriction.

1401. Description of Personal Support Services

A. Personal Support Services refer to the provision of personal assistance, stand-by assistance, supervision or cues for persons with inability to perform one or more of the following basic Activities of Daily Living (ADL's): eating, dressing, bathing, toileting, transferring in/out of bed and/or chair, ambulating, and Instrumental Activities of Daily Living (IADL's) such as light housekeeping.

B. Extended Personal Support Services provide personal support services over an extended period of time in a home setting which may also include relief of the person(s) normally providing care and/or oversight.

NOTE: The Care Coordinator will order a minimum of two (2) hours of service for the PSS member.

- Except:
  - If there is more than 1 person residing in the same setting or a congregate setting (i.e. high rise)
  - Client chooses less than 2 hours
  - Needed services can be completed in less than 2 hours.

NOTE: Should the needed services be completed in less than 2 hours the provider will only bill for the time rendered.

1401.1 Personal Support Aide (PSA) Services

The EDWP (CCSP/SOURCE) Services Program serves individuals who are medically frail and at risk for nursing facility placement. Because of the needs of this vulnerable population, the Personal Support Aide provides a combination of basic personal care activities and/or homemaking services.

Suitable members are those who, because of age, frailty, medical disability, or the absence of significant others willing and able to provide care, are unable to care for themselves or function on their own independently.

A. Shared Housing

Clients that reside in the same household and are assessed to receive Personal Support Services (PSS) may receive shared PSS services from the same PSS provider/Personal Supports Aide (PSA). This will allow for the continuity of care between clients and limit the number of providers entering the home. The PSS hours established by the Case Manager/Care Coordinator must accommodate both parties. The PSS provider must document the services rendered in the client's record and should delineate the number of hours provided for each client.

For example, if a husband and wife are both in need of PSS services, they may share services from the same PSS provider/PSA. Service hours will be assigned for both parties. Documentation should reflect the designated hours for the husband and the designated hours for the wife.

NOTE: This is not available to clients who reside in Assisted Living Facilities. Clients can not receive personal support services at adult day health program due to being a duplication of services.

1401.2 Member Profile

To be appropriate for Personal Support Services, a EDWP CCSP/SOURCE member presents the following conditions:

	Meets the same level of care for admission to a nursing facility and is Medicaid eligible or potentially Medicaid eligible
	Lives alone or support system is unable or unavailable to assist with activities of daily living or self-care.
	Needs assistance to manage personal care and/or necessary housekeeping tasks.
	Requires activities provided by the Personal Support Services to remain in the community.
	Unable to secure the services through other means.
	Does not receive ALS services.
	Unable to stay alone and caregiver(s) normally providing care is absent.

NOTE: To avoid duplication of service, the care coordinator coordinates PSS tasks with home health aide tasks when a member receives both services.

1401.3 Appropriate Tasks

All of the following tasks are member specific and the PSA may not perform them for anyone other than the EDWP CCSP/SOURCE **member.**

Activities of Daily living:	Instrumental Activities of Daily Living:
bathing (tub, shower, or bed) routine skin and hair care general mouth care (including dentures) grooming and shampooing hair nail filing (no clipping or cuticle cutting) assisting with dressing assisting with toileting giving member a back rub	vacuuming, sweeping, dusting, mopping emptying trash and garbage for the member doing laundry for the member cleaning rooms for the member changing linens for the member defrosting refrigerator for the member cleaning range for the member ironing for the member
Ambulation and transfer: assisting in and out of bed, chair, and/or wheelchair assisting with walking encouraging physical activity assisting with simple exercise program established by nurse or therapist, if appropriate	**Proper nutrition:** preparing meals and washing dishes encouraging proper nutrition assisting with eating observing and reporting meal accumulation, food storage, and/or cooking equipment failure
Medically related activities: observing and reporting changes in member's condition to RN supervisor applying first aid in case of sudden illness or accident arranging trips to the doctor picking up prescription medications accompanying member on medical appointments when necessary due to member's frail condition reminding member to take medication	**Home management:** grocery shopping assisting with bill paying assisting with food stamp or other application process assisting with scheduling medical appointments

Activities of Daily living:	Instrumental Activities of Daily Living:
documenting member's liquid intake/output assisting with self-administration of medication providing watchful supervision and oversight during absence of the caregiver(s)	

NOTE: Unless there are extenuating circumstances, the Comprehensive Care Plan will limit errands conducted by the personal support aide to once per week.

NOTE: Taking blood pressure and checking vital signs are **non-invasive** medically related activities that the PSS provider agency has the option to provide as a part of PSS. However, if the provider agency offers such services, the agency provides and documents appropriate in-service training, supervision, regular monitoring and appropriate follow-up to ensure the competency of staff performing these activities (See 1404).

The registered nurse may assign certain tasks to unlicensed assistive personnel. The registered nurse will utilize the "RN Assignment Decision Tree," generated by the Georgia Board of Nursing, to assist the registered nurse to make appropriate decisions regarding whether to assign a task to an unlicensed person. The RN Assignment Decision Tree assists the registered nurse to evaluate client care tasks on an individual client basis; it guides the nurse to assign only those tasks that can be safely performed by trained unlicensed assistive personnel. (See Appendix C).

. **1402. <u>Licensure</u>**

Personal Support Services providers are licensed as Private Home Care Providers and are enrolled in EDWP CCSP/SOURCE to provide a range of supportive services in the member's home setting. Personal Support Aides provide services and a Registered Nurse (RN) or licensed practical nurse (LPN), under the supervision of the RN, provides medical supervision of the Personal Support Services Aides. A PSS supervisor provides administrative and performance supervision. The PSS supervisor may be the RN providing medical supervision.

NOTE: In accordance with O.C.G.A. 31-7-300 et seq, effective 7/95, all Private Home Care Providers are licensed by the Georgia Department of Community Health, Health Care Section, Health Facility Regulation Division, and abide by the standards as stated in Chapter 290–5-54, Rules and Regulations for Private Home Care Providers. The agency must be fully licensed without restriction.

Personal Support Services providers must submit documentation that the Healthcare Facility Regulations Division, Private Home Care Section, has approved all counties in which the provider plans to expand services.

1403. Provider Requirements Related to Personal Support Services

The following procedures and guidelines are basic to PSS. The specific service affected by a particular guideline is indicated within each category.

1403.1 Supervision of the Member's Care

A. Medical - The RN or LPN supervises all personal support aides. Refer to Section 606.17 in the EDWP CCSP/SOURCE General Manual for general policies and requirements pertaining to supervision of EDWP CCSP/SOURCE services. In addition to the policies and standards stated in 606.17, the provider RN or LPN has the following specific supervisory functions:

1. Every two months (within 62 calendar days) the provider RN or LPN completes a face-to-face supervisory visit, in the member's home, with the member and, if appropriate, the member's representative or caregiver for all members who receive more than 24 units of service per week.

2. Every three months (within 92 calendar days) the provider RN or LPN completes a face-to-face supervisory visit, in the member's home, with the member and, if appropriate, the member's representative or caregiver for all members who receive 24 units or less of services weekly.

3. At least once annually, the provider RN or LPN completes an in-home supervisory visit to observe and monitor the in-home performance of the Personal Support Aide.

4. Section 606.17 C of the EDWP CCSP/SOURCE General Manual indicates required documentation for supervisory visit notes.

   NOTE: The LPN must be supervised by the provider agency's RN. The LPN may not (1) conduct the initial assessment, (2) develop a member's care plan or (3) re-evaluate a member.

NOTE: The *Appendix DD – Nursing Visit Form* will be completed upon the request of Case Management for the determination of Enhanced Case Management. A copy of the completed form will be sent to the member's waiver case manager and the original maintained in the member's clinical record. See Part II Chapters 600-1000, Policies and Procedures for EDWP (CCSP and Source) General Services Manual, appendix dd. Rev 7/2018, 1/2021

B. Administrative and Service Performance - The Personal Support Service provider agency assures that aides:

   1. provide competent services as indicated in the member's care plan

   2. provide services as scheduled

   3. complete all assigned tasks

   4. have a supervisor of Personal Support Services available at all times services are provided

   5. adhere to a written code of ethics in regard to member rights and protection from mistreatment, abuse, neglect, and exploitation

   6. adhere to a dress code

   7. have not been convicted of any of the felonies listed in Section 1406 of this manual. (Rev 2/2012)

C. Assessment

   The Personal Support Service provider agency assesses each member and considers the member's wishes when assigning a staff member who is appropriate in meeting the individual's service needs. In determining appropriate staffing, the provider agency considers:

- skills required
- language and culture of the member
- member's requested time for service delivery
- member's other requests

If a member requests/needs a service that a provider is unable to deliver, the provider telephones the care coordinator to determine if another provider may be more appropriate to serve the member. The provider unable to deliver service contacts the care coordinator within 24 hours and follows up with a EDWP Notification Form within three business days of the call.

To maintain continuity of care, the Personal Support Services provider assigns the same staff to render member services on an ongoing basis as much as possible.

The PSS provider assures that reporting and accountability relationships between aide and supervisory staff are clear. The Personal Support Services provider agency presents evidence of these activities when requested by state monitors, auditors, or reviewers.

1403.2 Emergency Procedures/Information

. The provider has written procedures for dealing with medical emergencies readily available to all staff members. Section 606.12 of the EDWP CCSP/SOURCE General Manual outlines how emergency personnel are contacted, the order of persons to be notified, and reports to be prepared. See Appendix U in the EDWP CCSP/SOURCE General Manual and Appendix A in the Personal Support Services Manual for Emergency Information and Permission to Obtain Emergency Medical Treatment forms.

1403.3 Clinical Records

The Personal Support Aide must document service provided to each member each time service is delivered via a paper document (Appendix B) if applicable or/via the electronic submission system/EVV (Electronic Visit Verification). At least once per month, the aide submits service record forms to the PSA's supervisor if applicable. (See Appendix B of this manual for an example).

The provider maintains copies of service record forms in the member's clinical files as applicable as a record of services rendered to the member. The provider also uses the electronic submission system/EVV and EVV reports for clinical review of aide time worked.

The agency is responsible for documentation of all services provided by the Personal Support Aide, including:

- ♦ date of service, arrival and departure times
- ♦ number of hours services were provided
- ♦ specific tasks performed
- ♦ member, member's representative, or caregiver signature on service forms
- ♦ Personal Support Aide signature on service forms.

The member signs the service record form/or validates time worked in the electronic submission system/EVV at each PSS visit to indicate agreement that the PSA completed scheduled tasks. If the member, member's representative, or caregiver is unable to sign the form/validate in the electronic submission system/EVV, the Personal Support Aide notes that the "member is unable to sign" the form/validate in EVV. In such cases, the agency verifies and documents services performed and time spent at the member's home.

A. Care Plan

The member's care plan indicates tasks that the PSA performs. See Section 606.18 of the EDWP CCSP/SOURCE General Manual regarding requirements of the Client Care Plan.

B. Progress Notes

The Personal Support Aide's supervisor completes progress notes regarding interventions agency staff made on behalf of the EDWP CCSP/SOURCE member. Interventions include:

- ♦ case conferences
- ♦ reports
- ♦ discussions with the care coordinator

- ♦ discussion or teaching regarding the member's care with the member, member's representative or family members.

See Section 606.19 in EDWP CCSP/SOURCE General Manual for additional information on progress notes.

C. EDWP (CCSP/SOURCE) Notification Form

To enhance understanding of the member's condition or any special needs or concerns of the member, the Personal Support Aide's supervisor communicates with the member's care coordinator. The PSA supervisor sends a EDWP Notification Form within three business days of an event or concern. In an emergency situation, the provider telephones the care coordinator immediately and follows up with a EDWP Notification Form within three business days.

D. Consequences for repeated failure to use Electronic Visit Verification (EVV).

As a result of identified deficiencies with using EVV and submitting claims via an improper method of billing, providers may be subject to various sanctions, including but not limited to:

(1) Pre-payment Review;
(2) Corrective Action Plan;
(3) Termination.

There is no specific format for the Corrective Action Plan. However, the Corrective Action Plan must be specific and must actually correct the deficiencies identified.

It must also:

(1) be responsive to the cited deficiencies;
(2) state and describe the end result;
(3) indicate reasonable completion dates; and
(4) fully describe the methodology used to accomplish complete and permanent corrective action.

You will receive a letter by certified mail informing you whether your proposed Corrective Action Plan is acceptable or not acceptable.

The proposed Corrective Action Plan is to be submitted within fifteen (15) business days of the date of the letter from DCH requesting same per *Part I Policies and Procedures for Medicaid/ PeachCare for Kids*, Chapter

400, Section 402, Corrective Action Plans.

The Provider may request an Engagement Conference with DCH MAPs. The purpose of the Engagement Conference is to discuss the proposed adverse action with the goal of informally resolving this matter. To request an Engagement Conference, the Provider must send written notification to DCH, via email to Valerie Harrell (vharrell@dch.ga.gov) within seven (7) calendar days of receipt of the letter.

DCH will schedule the Engagement Conference within ten (10) calendar days of the request. Engagement does not waive the Provider's right to Administrative Review, but the deadline of thirty (30) calendar days still applies.

If the Provider disagrees with these findings, and requests an administrative review, please refer to *Part I, Policies and Procedures for Medicaid/ PeachCare for Kids*, Section 505, of the Manual which states in part:

> For a provider to obtain Administrative Review, a written request must be received at the address of the office that proposed the adverse action or denial of payment within thirty (30) days of the date the notification of the proposed adverse action, the denial of payment, remittance advice or initial review determination was mailed to the provider. The request must include all grounds for Administrative Review and must be accompanied by all supporting documentation and explanation that the provider wishes the Division to consider. Letters requesting Administrative Review that are not accompanied by supporting documentation will not be accepted or considered… In cases involving an audit of a provider any documentation submitted for Administrative Review may, at the Department's discretion, subject the case, in whole or in part, to re-audit.

FAILURE TO RESPOND TO THIS LETTER OR TO COMPLY WITH THE REQUIREMENTS OF ADMINISTRATIVE REVIEW, INCLUDING THE FAILURE TO SUBMIT ALL NECESSARY DOCUMENTATION WITHIN THIRTY (30) DAYS, SHALL CONSITUTE A WAIVER OF ANY AND ALL FURTHER APPEAL RIGHTS, INCLUDING THE RIGHT TO AN ADMINISTRATIVE HEARING.

All requests for Administrative Review and supporting documentation and explanations that a Provider wants the Department to consider should be sent to the following address:

Georgia Department of Community Health
MAPs Division
Attn: Brian Dowd, c/o Valerie Harrell
19th Floor
2 MLK Jr Drive SE
Atlanta, Georgia 30334

1403.4 Member Meals and Nutritional Needs

If the member's care plan indicates meal preparation and clean up, the Personal Support Aide assists with these tasks. The aide prepares meals that meet the content, preparation and dietary restrictions indicated on the Level of Care page of the EDWP CCSP/SOURCE Level of Care and Placement Instrument. The aide attempts to meet the member's individual needs and preferences.

Because proper nutrition contributes positively in maintaining individual health and prevents premature nursing facility placement of vulnerable individuals, Personal Support Aides:

A. observe the member's meal consumption and the operational status of refrigerator, freezer, and cooking equipment. For example, if Home Delivered Meals are accumulating or the aide notices a failure in the member's food storage or cooking equipment, the aide reports this information to the PSS supervisor. The PSS supervisor telephones the care coordinator within 24 hours of the receipt of the report and follows up with a EDWP Notification Form within three business days of notification.

B. encourage good nutrition through teaching and working with the member and/or the member's representative or caregiver.

1403.5 Monitoring and Assistance with Self-Administration of Medication

Refer to Section 606.9 of the EDWP CCSP/SOURCE General Manual.

1403.6 Notification of Member Rights

If the provider requires the member to sign a service agreement or contract, the provider uses Section 601.1K of the EDWP CCSP/SOURCE General Manual for acceptable standards. At the time of admission, the provider reviews the Member's Rights and Responsibilities with the member and /or member representative. A copy of the signed Rights and Responsibilities is given to the member. The provider maintains a copy in the provider agency file. Refer to Section 604.1 of *Part II Chapters 600-1000 Policies and Procedures for EDWP (CCSP/SOURCE) General Manual* and *Rules and Regulations for Private Home Care Providers. Chapter 290-5-54-.12*.

1403.7 Program Evaluation and Customer Satisfaction

Program evaluations are conducted at least annually by a designated staff person. The provider maintains available evidence to demonstrate that the provider analyzes and uses results of program evaluations to improve the quality of services. (See the EDWP CCSP/SOURCE General Manual, Section 609 and Chapter 290-5-54-.10, Rules and Regulations for Private Home Care Providers).

At a minimum, program evaluation includes, but is not limited to:

A) Quality of Member Service as indicated by the measurement of:

1) appropriateness of service to the identified need and choice of the member

2) provision of service in a timely fashion

3) performance of assigned/required activities

4) support of member dignity and self-respect.

B) Member Satisfaction as indicated by the measurement of:

1) staff responsiveness to member needs

2) timeliness

3) sensitivity to cultural differences

4) staff respect for member's rights, choices, privacy, dignity, property and protection from harm and exploitation

5) staff attitude and courtesy

6) staff competency in performing assigned tasks

C. Policies and Procedures – The provider reviews agency policies and procedures at least annually and revises them as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

D. Clinical Records – The provider monitors and reviews clinical records to insure they contain current, required information.

1404. Staffing Qualifications and Responsibilities

The Personal Support provider agency ensures that individuals entering members' homes accomplish tasks timely and competently while maintaining the rights, safety, choice, and dignity of each member (see the EDWP CCSP/SOURCE General Manual for specific information on the provider agency's responsibilities regarding member protection, personnel code of ethics, and subcontracting).

1404.1 RN Supervisor

A. Qualifications of the RN supervisor include:

1. a current Georgia RN license to practice nursing and render services in accordance with the provisions of the Georgia Registered Professional Nurse Practice Act, O.C.G.A. 43-26-1 et seq.

2. two years experience in home health services or a related field, experience working with older populations is preferred

3. knowledge of current methods of home management, the provision of personal care, the ability to supervise and coordinate the work of others, to evaluate situations and make decisions, and to communicate and deal effectively with others

4. working knowledge of *Rules and Regulations for Private Home Care Providers Chapter 290-5-54*.

5. working knowledge of the policies and procedures of the EDWP CCSP/SOURCE.

B. Duties of the RN supervisor include:

1. monitoring and supervising the care of those members whose health status and situation involve complex observations

2. reviewing referrals from EDWP CCSP/SOURCE care coordinators, evaluating the member's needs during initial and subsequent visits, and identifying and assigning the appropriate staff to provide the member care needed
3. developing and revising member care plans as appropriate and reviewing the content of member care plans during each supervisory visit and communicating all revisions to appropriate staff
4. supervising personal support aides and licensed practical nurses
5. completing clinical records, including documenting progress notes and supervisory visit entries
6. reviewing, signing, and dating all clinical record entries (i.e., service record forms, progress notes) made by the personal support aides assigned to those members whose health status and situations involve complex observation.
7. **reviewing and co-signing all documentation of the LPN's supervisory visits within ten (10) days of each visit** and following up immediately on all concerns raised by the LPN.
8. communicating member care needs with other EDWP CCSP/SOURCE providers, member, member representatives, caregivers, and/or EDWP CCSP/SOURCE care coordinators
9. making appropriate recommendations to EDWP CCSP/SOURCE care coordinators regarding member services
10. conducting face-to-face visits in the member's home as required in Section 1403.1A to re-evaluate the needs of those members whose health status and situation involve complex observations
11. arranging for orientation and in-service training of staff
12 educating the member, member's representative, and/or caregiver(s) about the member's health status, level of functioning, and health care needs
13. reporting changes in the member's status/condition to the member's physician

The registered nurse may assign certain tasks to unlicensed assistive personnel. The registered nurse will utilize the "RN Assignment Decision Tree," generated by the Georgia Board of Nursing, to assist the registered nurse to make appropriate decisions regarding whether to assign a task to an unlicensed person. The RN Assignment Decision Tree assists the registered nurse to evaluate client care tasks on an individual client basis; it guides the nurse to assign only those tasks that can be safely performed by trained unlicensed assistive personnel (See Appendix C).

C. Supervisory functions of the RN include:

1. meeting with the member and, when appropriate, the member representative and/or caregiver in the member's home as required in Section 1403.1A to conduct a face-to-face supervisory visit with the member whose health status and situation involve complex observations

2. conducting an in-home supervisory visit at least once per year to observe and monitor the in-home performance of the personal support aides who provide care to those members whose health status and situation involve complex observations

3. completing timely, pertinent supervisory notes that include the documentation required in Section 606.17C of the EDWP CCSP/SOURCE General Manual.

NOTE:	More frequent follow-up and documentation are required when changes in the member's status are noted.

1404.2 Licensed Practical Nurse

A. Qualification of the LPN include:

1. a current Georgia license to practice nursing and render services as a LPN in accordance with the provisions of the Georgia Practical Nurses Practice Act, O.C.G.A. 43-26-30 et seq
2. a minimum of two years experience in home health services or a related field; prefer experience working with older populations
3. ability to supervise personal support aides
4. ability to communicate effectively
5. working knowledge of the *Rules and Regulations for Private Home Care Providers Chapter 290-5-54*
6. working knowledge of the policies and procedures of the EDWP CCSP/SOURCE.

B. Duties of the LPN include:

1. monitoring and recording member's vital signs as needed; reporting abnormal readings to the RN supervisor

2. observing member's functional level; reporting any changes in the member's physical condition and health care needs to the supervising RN
3. assisting members, as needed, with medications; observing for possible reactions; reporting any reactions to the supervising RN
4. preparing progress notes and supervisory visit entries, documenting member's current status
5. teaching self-care activities to members, member representatives, and caregivers
6. assisting with and/or providing member care as needed
7. reviewing, signing and dating all clinical record entries (i.e.; service record forms, progress notes) made by the personal support aides supervised by the LPN
8. collaborating with the supervising RN to update member care plans

C. Supervisory functions of the LPN include:

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1. completing a face-to-face supervisory visit with assigned members and, when appropriate, the member representative and/or caregiver, in the member's home as required in Section 1403.1A; notifying the supervising RN of any significant changes in member's status
2. completing an in-home supervisory visit with assigned members at least once per year to observe and monitor the in-home performance of the personal support aides
3. completing timely, pertinent supervisory notes that include the documentation required in Section 606.17C of the EDWP CCSP/SOURCE General Manual.

NOTE: More frequent follow-up and documentation are required when changes in the member's status are noted.

1404.3 Personal Support Aides

A. Qualifications of the Personal Support Aide include:

1. Ability to read and write, follow verbal and written instructions, and complete legible written reports of care given.

2. Completion of one of the following training requirements:

- documentation of nurse aide certification from the Georgia Department of Community Health, Healthcare Facility Regulations Division ; **or**

- successful completion of a competency examination for nurse aides or of a health care or personal care credentialing program approved by the Healthcare Facility Regulations Division, Private Home Care Providers Section, **or**

- a total of 40 hours of training. The aide receives at least 20 hours of this training prior to caring for members. The aide completes an additional 20 hours of training within the first six months of employment.

- Required training includes, but is not limited to:

  - safety and accident prevention; fire safety

  - budgeting/home economics

  - effective communication with older adults

  - caring for members with Alzheimer's and other related disorders

  - observations skills; reporting and documentation procedures

The provider RN supervises the 40 hours of training that is documented in the aide's personnel file. The agency's training file includes information about objectives, content, time spent per subject matter, instructor(s), instructor's credentials, and evaluation.

3. a caring and understanding attitude toward individuals who are elderly, disabled or frail

4. ability to be flexible and tolerant of varied lifestyles

5. ability to work under supervision and within the guidelines of a care plan
6. good health

B. Experience

Providers may employ aides who do not have experience; however, providers should give preference to experienced aides.

NOTE: Georgia Medicaid will not reimburse for personal care services or any waiver services when provided to recipients by legally responsible relatives, i.e., spouses, legal guardians or parents of minor children, when the services are those that these persons are already legally obligated to provide. Refer to Part II, Chapter 600-1000, EDWP CCSP/SOURCE General Services Manual for reimbursement requirements. DCH does not reimburse for over time, time and a half, in any rate structure. Personal Support/Extended aide care, family aide or non-relative aide care, if provided over 40 hours per week per aide, is subject to Ga Dept of Labor laws for over-time pay. Additional audit performance by DCH and Case Management will be necessary for family hire requesting excessive hours of care per week. Staffing should be scheduled to accommodate the number of hours required for care. Schedules should include several staff members to accommodate over the 40 hours, if applicable. Providers must ensure that adequate staffing is acquired to render services regardless of hours approved. This may include a hybrid structure of family hire and traditional staff.

NOTE: Georgia Medicaid will not reimburse for personal care services by private home care providers or consumer direct services when provided to recipients by non-relative, live-in caregivers in EDWP, Elderly and Disabled Waiver Program. See Part II, Chapter 600-1000, EDWP CCSP/SOURCE General Services Manual 1003 regarding definition of relative.

C. Orientation

A PSA attends an initial orientation program that includes the provider's policies and procedures for aides and an overview of the EDWP CCSP/SOURCE. The orientation will include, but is not limited to, the consequences of a failure to appear for a visit to the client's home, reporting to a client's home late, missed visits and the provider's immediate back-up plan in the event of a missed visit. (Rev 12/10)

NOTE: Missed visits, in most cases, are not made up at a later time. Whether staff emergency, staff shortages, member cancel, member out of home etc., missed visits are not stored and used later unless the visit that is missed can be made up within 24 hours when no regular scheduled visit was due at that time. Example, member schedule is M, W and F for 3 hrs each day. If Monday is missed, it can be made up Tuesday as no routine visit was to occur on that day of the week. No visits are missed and saved for the next week or next month. Missed visits from hospitalizations, incarceration etc are not made up and members simply resume care at the regular schedule once home.

The EDWP CCSP/SOURCE overview includes policies, procedures, and documentation requirements related to:

1. emergency situations, as well as situations requiring supervisory consultation

2. member rights and choice

3. member protection from mistreatment, abuse, neglect, and exploitation

4. written code of ethics

5. appropriate dress code

6. need for confidentiality.

D. Duties of the Personal Support Aide include:

1. provide or assist with any of the appropriate duties listed in Section 1401.3.

2. encourage member to make decisions and to remain as independent as possible.

3. encourage member representative to be involved and responsible for care of the member.

4. observe and report changes in member's condition, meal consumption, food storage and cooking equipment failure to the supervisor.

5. maintain current progress notes indicating changes in the member's condition, problems that hinder service delivery, and additional needs of the member.

6. complete the Member Service Record (Appendix B) after each visit for each member if applicable if not able to document in the EVV electronic system and forward it to the PSS supervisor as required.

7. monitor members and their environments to address and report issues that impact members' health, safety, or welfare. Member observations include:

- ♦ meal consumption
- ♦ safety in the home
- ♦ changes in the member's physical or emotional condition
- ♦ changes in the member's support systems

8. apply information acquired through training

9. adhere to the Personal Support Services provider's written code of ethics and dress code.

E. In-Service Training

1. Each aide receives at least 8 hours in-service training per calendar year. The provider provides the PSA with the following in-services on a yearly basis:

   - ♦ Basic First Aid
   - ♦ Infection Control
   - ♦ Body Mechanics
   - ♦ Nutrition
   - ♦ Cardiopulmonary resuscitation (CPR)

2. The agency provides appropriate training to any aide unfamiliar with a specific procedure or skill required by a member prior to providing care to that member.

3. The provider maintains documentation of in-service training topics including:

   - ♦ objectives
   - ♦ content
   - ♦ time spent per subject matter
   - ♦ instructor(s)
   - ♦ instructor's credentials
   - ♦ proof of employee attendance
   - ♦ evaluation

1405. Reimbursement Methodology

Rev. 10/2021

Refer to Chapter 1000 and 1009 of the EDWP CCSP/SOURCE General Manual regarding the basis of reimbursement and Appendix S for rates and procedure codes.

The reimbursement rate for PSS includes reimbursement for employee travel time and expenses to and from the member's home.

The Division of Medical Assistance will not reimburse PSS services for members receiving Alternative Living Services.

Authorization for PSS services may not exceed five units (two and one half hours) per visit. Extended Personal Support is authorized for a minimum of 6 units (three hours) per visit.

NOTE: EDWP CCSP/SOURCE members in hospice and consumer direction can only have ***extended*** personal support services (in-home respite) authorized in their care plan.

NOTE: In December 2016, the 114th US Congress enacted the 21st Century CURES Act. Section 12006 of the Act requires States to implement Electronic Visit Verification (EVV) for Medicaid-financed Personal Care Services. The mandate contributes to Georgia Medicaid's mission of providing access to affordable, quality health care services for Medicaid Members. EVV will help to reduce billing errors and improve claims payment accuracy as well as reduce Medicaid fraud, waste and abuse by verifying services were rendered.

Electronic Visit Verification (EVV) is a technology that automates the gathering of service information by capturing time, attendance, and care plan information entered by a home care worker at the point of care. EVV gives providers, care coordinators, and DCH access to service delivery information in real time to ensure there are no gaps in care throughout the entire course of the service plan. The technology contributes to Georgia Medicaid's mission of providing access to affordable, quality health care services for Medicaid members.

Georgia DCH selected Tellus, www.4tellus.com, as the State selected EVV system, The system is available at no cost to the Personal Support Provider/Consumer Direct member. DCH allows the provider to either select their own EVV system or use the DCH system. However, the provider is responsible for any costs associated with using the alternate EVV system.

It is the provider's responsibility to ensure their selected EVV system meets both DCH and the 21st Century Cures Act requirements. More information regarding system requirements, FAQs, EVV readiness and training can be obtained at **https://medicaid.georgia.gov/programs/all-programs/georgia-electronic-visit-verification-evv/evv-service-providers.** The Georgia Department of Community Health (DCH) will implement EVV for Personal Support Services and Consumer Direction on October 1, 2021. Rev 4/2021, 10/2021

The Lifeline Assistance Program and Link-Up Georgia offer assistance to qualified residential telephone customers. The programs are designed to ensure that the basic telephone connection and service remain affordable to all residents

of Georgia. Refer to https://psc.ga.gov/about-the-psc/consumer-corner/telephone/consumer-advisories/lifeline-assistance-program-link-up-georgia/ or www.galifeline.com.

NOTE: Members receiving traditional Personal Support Service, SFC or CD PSS service options can travel throughout the country/US and its territories. Prior notification to DCH and Case Management is required for time out of the home (member and aide together) for vacation/family circumstance purposes. Traditional Personal Support and CD PSS will have to establish a schedule in the EVV system to be eligible for reimbursement. Providers are not responsible for travel costs. Out of Country travel with Medicaid is prohibited. Rev 7/2022

1406 Consumer Directed Option for Personal Support Services

To promote client independence and individual preference, the EDWP (CCSP/SOURCE) Services Program offers Consumer-Directed Care to eligible Personal Support Services (PSS) clients as an alternative to traditional EDWP CCSP/SOURCE care coordination and service delivery. PSS clients who are eligible and choose to participate in Consumer-Directed Care will be assigned the tasks and duties of employer and will participate in care planning, service budgeting, selection, employment, and training of the caregiver(s) of choice.

As employer of his/her personal support aide(s), the client will assume all responsibilities for hiring, training, and scheduling services within the framework and budget of the comprehensive care plan.

Eligibility Criteria

Initial and ongoing eligibility for consumer direction requires that the client meet the following requirements:

- Enrolled in the EDWP CCSP/SOURCE and receiving personal support services for a period of six months or greater
- Current Waiver Medicaid eligibility
- Current physician approved Comprehensive Care Plan in which personal support services have been ordered
- History of timely and total cost share payments to service provider(s) for individuals subject to cost share

Clients appropriate and eligible for consumer direction must meet the following criteria:

- Cognitive ability and capability to understand and perform the tasks required to employ a worker (recruitment, hiring, scheduling, training, supervision, termination)
- Demonstrates control over daily schedule and decisions

- Directs his/her own care or designates a representative to assume responsibility for directing care
- Expresses willingness to manage services within the approved budget
- Does not exhibit problem or symptomatic behavior(s) that places the consumer or others at risk

The employer will review the submission of employee time for accuracy via the EVV system. See 1405.

NOTE: If a client is unable to independently direct his/her own care, the client may select a representative to act in his/her behalf. The individual selected is eligible to serve as representative based on the same eligibility requirements as listed for the client and must demonstrate a strong personal commitment to assuming the rights, risks, and responsibilities of directing the consumer's care. *An individual in the role of representative may serve in that capacity for one (1) EDWP CCSP/SOURCE Client. Representatives are not permitted to manage care for multiple clients in Consumer Direction. Representatives may not serve as direct care employees nor can employees serve as client representatives. Employers/Representatives receive no Medicaid reimbursement for participation or supervision in Consumer Direction*

Ineligibility

The EDWP CCSP/SOURCE Care Coordinators will determine the initial and ongoing eligibility status of clients who request self-directed services. When the client is found to be ineligible, participation in the Consumer Directed Option is denied or terminated. The client may continue to receive EDWP CCSP/SOURCE services through traditional service delivery by an approved personal support services provider agency.

In addition to failure to meet the established criteria for initial participation in Consumer Direction, clients participating in this option will lose eligibility if any of the following circumstances occur:

- Incidence of problem or symptomatic behavior which has placed the client or others at risk
- Failure to maintain control over daily schedule and decisions for two consecutive months
- Failure to stay within budget for PSS for two consecutive months
- Use of the state back-up emergency plan no more than 15 days per month for two consecutive months
- Interventions and goals of personal support services as defined in the Comprehensive Care Plan are unmet for two consecutive quarters

NOTE: A denial from the Consumer Direction Option for Personal Support Services does not terminate the client from the EDWP CCSP/SOURCE. There is no appeal

process if, based on stated eligibility criteria, the care coordinator denies or terminates client participation in Consumer Direction of PSS and returns the client to the traditional option. If enrollment criteria are met, the client may request, with evidence of changes in capacity or supports, to re-enter consumer direction after one year from the date of entry into the traditional option.

Employee Eligibility

Employees must meet the following qualifications for EDWP CCSP/SOURCE Consumer Directed Care Option for Personal Support Services:

- Be 18 years or older
- Possess a valid social security card and valid work permit if not a U.S. citizen
- Submit to a criminal background check prior to beginning employment to determine worker has no felony conviction. See 105.13 and 'definitions' in Part I Policies and Procedures for Medicaid/Peachcare for Kids Policy Manual to maintain compliance with background screening requirements for fingerprint/criminal background checks of owner, administrators, onsite managers, directors and direct access employees.
- Possess basic reading, writing, and math skills
- Demonstrate the experience, training, education, and/or skills necessary to assist the client according to program standards
- Possess the physical ability to perform required tasks
- Possess knowledge and understanding of the clients impairment(s) and condition(s) and how his/her limitations affect the performance of everyday activities
- Attend training at the consumer's direction prior to rendering any services
- Sign affidavits as needed regarding incident reporting, abuse/neglect/exploitation
- Upon hire, complete an initial physical that includes TB test/screening, negative results required, (documentation of TB screening in the past 3 months will be accepted) and testing/symptoms screening yearly per CDC guidelines, verified by the employer.
    - The symptom screening form is available on the GA DPH web site:

      https://dph.georgia.gov/sites/dph.georgia.gov/files/TB-SymptomScreenEnglish.pdf

- Understand and agree to comply with the Personal Support Consumer Directed Services option program requirements and policies, rights, and responsibilities and confidentiality requirements.

Georgia Medicaid will not reimburse for personal care services or any waiver services when provided to recipients by legally responsible relatives, i.e., spouses, legal guardians or parents of minor children, when the services are those that these persons are already legally obligated to provide. Refer to Part II, Chapter 600-1000, EDWP CCSP/SOURCE General Services Manual for reimbursement requirements.

Individuals with a history of abuse, neglect, and/or exploitation are not permitted

Medicaid reimbursement and cannot be employed by the consumer as a formal personal support services caregiver in the EDWP CCSP/SOURCE Consumer Directed Care of PSS.

Individuals who have been convicted of specific crimes and providers received an 'unsatisfactory determination' from the background/fingerprint check are ineligible for employment by an EDWP CCSP/SOURCE client/employer. A list of disqualifying crimes can be located online.

https://dch.georgia.gov/georgia-criminal-background-check-system-gchexs/georgia-criminal-background-check-system-gchexs

Examples include-

- Murder or Felony Murder
- Attempted Murder
- Kidnapping
- Rape
- Armed Robbery
- Robbery
- Cruelty to Children
- Sexual Offenses
- Aggravated Assault
- Aggravated Battery
- Arson
- Theft by Taking or by conversion
- Forgery (in the first or second degree)

Clients whose comprehensive care plans include other EDWP CCSP/SOURCE services, in addition to PSS, will direct **only** the personal support services. Other EDWP CCSP/SOURCE services will be delivered through traditional EDWP CCSP/SOURCE, Medicaid approved service providers.

Roles and Responsibilities of Client/Representative as Employer

Individuals opting to manage/direct their PSS must be willing and able to meet the responsibilities of consumer direction which include acting as the employer of record and performing essential employer functions. As employer the client must meet certain eligibility criteria and demonstrate the ability to make decisions about staff recruitment, hiring, training, supervising, and terminating staff in addition to other employer related fiscal tasks.

Representatives selected by the consumer must demonstrate a strong personal commitment to assuming the rights, risks, and responsibilities of directing the consumer's care.

Prior to enrolling into the Consumer Self Directed Care Option, the consumer and/or representative employer must understand and follow the program requirements and agree to

perform the following tasks:

1. Sign the Consumer Directed Care Option Memorandum of Understanding
2. Understand the required qualifications of the worker
3. Develop criteria for employee selection
4. Develop employee job description(s)
5. Select a Medicaid approved Financial Management Service (FMS) provider
6. Recruit employee(s)
7. Hire employee(s)
8. Verify in writing employee qualifications which are required in CD-PSS
9. Train employees on specific individual needs
10. Determine employee work schedule
11. Develop back-up plan
    a. Participation in CD-PSS requires each member/employer to arrange alternative workers in the event the primary worker is unavailable to provide care. Case Management assures member /employer back up plans are documented, in writing, with names and contact information for alternate workers. As last resort, to ensure the member receives care, the member chooses a Traditional/ Enhanced EDWP enrolled PSS provider agency as the Emergency State Back Up Plan. Members /Employers may choose the Traditional/ Enhanced EDWP provider agency which delivered his/her services in the Traditional/Enhanced EDWP 'Traditional' Option or choose from a list of Traditional/ Enhanced EDWP enrolled provider agencies in his/her county of residency, requested from the Case Management. Responsibility for arranging services for the Emergency State Back Up plan rests with the Member /Employer. Member /Employers determine a service fee with the provider agency not to exceed $19.20 per hour.
12. Choose a PSS provider agency as the State emergency back-up plan
13. Supervise the employee
14. Problem solve with the employee and provide discipline when needed
15. Create a positive and safe work environment
16. Review time worked in the EVV system for accuracy and verify the submissions for payment by the due date to the Fiscal Intermediary (FI)
17. Stay within the consumer's budget for the service as outlined on the Comprehensive Care Plan (CCP)

NOTE: Members receiving CD PSS service options can travel throughout the country/US and its territories. Prior notification to DCH and Case Management is required for time out of the home (member and aide together) for vacation/family circumstance purposes. CD PSS will have to establish a schedule in the EVV system to be eligible for reimbursement. Providers are not responsible for travel costs. Out of Country travel with Medicaid is prohibited. Rev 7/2022

Roles and Responsibilities of the Financial Management Services (Fiscal Intermediary)

The client will choose a fiscal intermediary, reimbursed by Medicaid as a EDWP CCSP/SOURCE service provider, to file claims and coordinate payroll for the personal support

services caregiver. The Medicaid service dollars expended to reimburse the fiscal intermediary is included as part of the budgeted care plan services. Services delivered under the Consumer Directed Option have specific Medicaid reimbursement codes assigned for use on the Service Authorization.

Medicaid reimbursement is limited to:

- Caregivers (employees) providing direct personal support
- Financial intermediary
- Approved EDWP CCSP/SOURCE Medicaid provider agencies that provide back-up emergency services.

Financial Management Services (FMS) are required to support the consumer/designated representative in the performance of employer duties for Consumer Directed Care. The FMS, which is enrolled as a Medicaid provider through the Department of Community Health, assures that consumer directed funds outlined in the Comprehensive Care Plan are managed and distributed as intended**.**

The Financial Management Services/Fiscal Intermediary provider is responsible for the following:

- Payroll and Accounting
- Financial Management
- Collecting Cost Share
- Enrolling consumers in FI and obtain authorization from the consumer or the representative
- Preparing and distributing application package of information for consumers hiring their own employees
- Providing needed counseling and technical assistance regarding the role of the FI to the consumer, representative and others
- Processing employment application package and documentation for potential consumer-employed employee(s)
- **Ensuring that potential employees are at least eighteen years of age, certified in Cardiac Pulmonary Resuscitation (CPR) and basic first aid and are free of tuberculous (TB) (Rev 4/2015)**
- Completing criminal background checks on potential consumer employees and maintain documentation. See 105.13 and 'definitions' in Part I Policies and Procedures for Medicaid/Peachcare for Kids Policy Manual to maintain compliance with background screening requirements for fingerprint/criminal background checks of owner, administrators, onsite managers, directors and direct access employees.
- Establishing and maintaining a record for each consumer employee and processing all employment records
- Withholding, filing and depositing FICA, FUTA, SUTA taxes and Workers Compensation insurance premiums in accordance with Federal IRS and State Department of Revenue rules and regulations.
- Processing all judgments, garnishments, tax levies or any related holds on any consumer employee as may be required by local, state, or federal laws

- Generating and distributing IRS W-2 forms and/or other 1099 forms, wages and tax statements and related documentation annually to all consumer employees who meet statutory threshold earnings amount during the tax year no later than January 31st.
- Administering benefits (i.e. employment verification, wage assignment, child support) for consumer employees on behalf of consumer

ADDENDUM	**PROVIDER ENROLLMENT APPLICATION**
Service Title	**Financial Support Services/Fiscal Intermediary (FI)**
Service Definition	Financial Support Services are provided to assure that consumer-directed funds outlined in the individual plan of care are managed and distributed as intended. The Financial Support Services Provider (FI) will file claims through the MMIS for consumer-directed goods and services. Additionally, the FI will deduct all required federal, state and local taxes. The FI will also calculate and pay as appropriate, applicable unemployment insurance taxes and worker compensation on earned income. The FI will be responsible for maintaining separate accounts on each Member's consumer-directed service funds and producing expenditure reports as required by the State Medicaid agency. The FI will conduct criminal background checks and age verification on service support workers.
Provider Requirements	• Must understand the laws and rules that regulate the expenditure of public resources. • Utilize accounting systems that operate effectively on a large scale as well as track individual budgets. • Adhere to the timelines for payment that meet the individual's needs within DOL standards. • Develop, implement and maintain an effective payroll system that adheres all related tax obligations, both payment and reporting. • Conduct and pay for criminal background checks (national) and age verification on service support workers up to a maximum of five (5) background checks per calendar year per member. Additional background checks will be performed at the expense of the member. • Collect and track First Aid and CPR documentation on service support workers. Report to case management on a monthly basis those employees whose First Aid and CPR documentation is set to expire in the coming month. • Generate service management, and statistical information and reports during each payroll cycle. • Provide startup training and technical assistance to members, their representatives, and others as required. • Process and maintain all unemployment records. • Provider must use the DCH Electronic Visit Verification (EVV) system or ensure that their EVV system is compatible for use for the purposes of member scheduling, employee signing in and out and claims submission. • Have at least two years of basic accounting and payroll experience. • Must have a surety bond issued by a company authorized to do business in the State of Georgia in an amount equal to or greater than the monetary value of the members business accounts managed but not less than $250,000. • Must not be enrolled to provide any other Medicaid services in the State of Georgia.
State License	Georgia Business License
Certification	Must be approved by the IRS (under IRS Revenue

	Procedure 70-6) and meet requirements and functions as established by the IRS Code, Section 3504.
Other Requirements or Standards	• Must be able to act in a fiduciary capacity, file claims accurately on behalf of the member, process payroll and other reimbursement services in a timely manner. • Must have successfully completed a Readiness Review by the Department of Community Health (DCH), demonstrating ability to perform all required functions and services, prior to enrollment. • Provide at a minimum an electronic visit verification system for time submission.
Describe Service Delivery Method	Consumer-Directed
Service Requirements:	In general, the Financial Support Services (FSS) provider will: • Act as a "fiscal employer agent" receiving and disbursing public funds in accordance with the members' direction, approved budgets, and applicable rules, regulations, and policies. • Monitor a member's spending of public funds for any underage and overage in accordance with the member's approved budget, review the same with the member, and report to the DCH. • Facilitate and process the payment for health insurance and workman compensation benefits for the service provider. • Electronically collect service worker's time worked. • The FI EVV system must submit time worked to the DCH EVV system which will submit claims to MMIS. • Pay invoices for goods and services authorized in the member's budget. • Manage payroll for support service workers hired by the member/representative including federal, state and local employment taxes. • Process and pay invoices for goods and services included in individual budgets on the 15th and last day of each month. • Provide skills training to members and/or member's representatives related to employer-related tasks (e.g., recruiting, hiring, training, managing and discharging support service workers and managing payroll and paying bills). • Provide member utilization reports after each payroll cycle. • Provide web access to review member's expenditure activity.
Service Rate	• Per enrolled member will be $88.00 per month billed on the CMS-1500. • This rate will be reviewed annually for adjustments as needed.

Roles and Responsibilities of the Support Broker (Care Coordinator)

The role of Care Coordination is expanded in Consumer Direction to include the role and responsibility of Support Broker. Care Coordinators educate clients to their full understanding of the risks and responsibilities of consumer direction. In CD-PSS, Care Coordinators (CC), trained in CD-PSS, educate, mentor, support and monitor the eligible participants choosing to direct their Personal Support Services (PSS)

Responsibilities for Care Coordinator/Service Brokers include:

- Assessing consumer ability, capacity and willingness to employ and manage workers
- Contacting PSS provider to determine history of cost share payment, if applicable
- Empowering client to function independently

- Providing education and training on conflict mediation, abuse, neglect, and exploitation, use of community resources, and hiring techniques to each EDWP CCSP/SOURCE client/representative employer, willing and capable to direct personal support services
- Reviewing on a monthly basis employer authorized service unit expenditures
- Informing the client when his/her budget exceeds the services
- Training the client on documentation requirements
- Evaluating client/representative ability to manage services as an employer
- Auditing the Employee(s) training file
- Providing current assessment and care plan documents to State Emergency Back-Up provider agency

Care Coordinator/Support Brokers are not responsible for:

- Completing or processing payroll forms
- Payroll documentation and submission
- Hiring, training, disciplining, or firing employee
- Performing the duties/responsibilities of the client

Care Coordinators may provide advisory assistance with these activities but the client/representative employer has the responsibility for all employment issues concerning employees.

Role and Responsibilities of EDWP CCSP/SOURCE Back-up Provider:

The client who chooses to self-direct his/her personal support services will identify an approved EDWP CCSP/SOURCE Personal Support Services Provider to serve as the emergency back-up in the event the client's employee(s) does not report to work when scheduled. State Back-up services are not to be scheduled on the same days as the use of the Cd-pss aide. Collaborative communication between the Employer, Case Management and the FI will occur prior to each State back-up aide use by a traditional provider and the Employer. The EDWP CCSP/SOURCE PSS Provider who agrees to provide emergency back-up services will meet the following criteria:

- Be fully licensed, without restriction, by the Office of Regulatory Services as a Private Home Care Provider
- Have been enrolled in the EDWP CCSP/SOURCE for a minimum of six consecutive months
- Be willing to provide trained and qualified emergency back-up staff for the client who is self-directing his/her care
- Be willing to accept the fee agreed upon by the consumer and provider agency at the time the provider agency agrees to provide emergency back-up
- Be willing to bill the consumer for reimbursement as emergency back-up, utilizing the specific Medicaid reimbursement codes assigned for Consumer Directed Care. The Fiscal Intermediary will reimburse the provider agency.

NOTE: The Fiscal Intermediary will reimburse the provider agency as a vendor and will not withhold any payroll taxes. The Fiscal Intermediary will provide emergency back-up provider agencies a 1099 at the end of each calendar year if the provider agency was reimbursed $600 or more during that year. Member /Employers determine a service fee with the provider agency not to

exceed $19.20 per hour.

NOTE: Case Management is required to provide the Traditional/ Enhanced EDWP enrolled Emergency State Back Up provider agency with the current assessment packet and care plan review documents.

1407 Structured Family Caregiver (SFC)

Structured Family Caregiving provides support, education and oversight on behalf of waiver members whose family caregiver lives in the home with the member. The service provides a community-based option of continuous care, support, and professional oversight by promoting a collaborative relationship between the waiver member, primary caregiver, the professional Health Coach, and the member's case manager. The waiver member and primary caregiver must be related biologically or by marriage but may not include legally responsible adults such as parents of minor children or spouses of the waiver participants. (Rev. 4/2022, 7/2022)

The goals of this service include supporting family caregivers through health education, telephonic counseling and active coordination with care management; facilitating the waiver member's independence in a familiar home environment; offering the option of care by a trusted family member; and supporting the family caregiver as the needs of the waiver member change. These goals are reached through a collaborative relationship between the waiver member, the caregiver, the CCSP or SOURCE case manager, medical providers and the Structured Family Caregiving provider.

Any request for participation in the program must be directed to the member's Elderly and Disabled Waiver Program (EDWP, which includes CCSP and SOURCE) case manager. If the case manager approves participation based on the member and caregiver eligibility detailed below, they will authorize this service as part of the member's service plan.

NOTE: An EDWP member must have current Georgia Medicaid eligibility prior to approval for the SFC program. A member who has a cost share that is assigned to the SFC agency must continue to pay the cost share in order to remain in the program. Failure to pay cost share for 3 of the past 6 months will result in the member's removal from the program by the EDWP case manager. See Section 606.21 of the CCSP and SOURCE Services Manual for information on cost share requirements.

1407.1 Enrollment Criteria for a Structured Family Caregiving (SFC) Provider Agency

1) An SFC provider must demonstrate 3 years of delivering or facilitating delivery of services to older adults and/or adults with disabilities as a Medicaid participating

provider. Experience should include expertise in providing education and training or health and wellness coaching.

a. Refer to Part II Chapters 600-1000 Policies and Procedures for CCSP and SOURCE General Services Manual 601.3 (Expansion Procedures for Active CCSP and SOURCE Medicaid Providers) for service application requirements. See 1407.8 #3 below.

b. Initial and expansion applicants for SFC should refer to Appendix GG 'business plan' requirements in Part II Chapters 600-1000 Policies and Procedures for CCSP and Source General Services Manual.

c. A business plan submission must contain information on the provider's sample member admission packet with items related to Part II Chapters 600-1000 Policies and Procedures for CCSP and SOURCE General Services Manual 601.1 I 1-7, 9-11, and 14-23. A review of the provider's sample member admission packet by DCH will be required for service approval. The provider's member packet becomes a part of the clinical record, Section 606.4 Policies and Procedures for CCSP and SOURCE General Services Manual

2) An SFC provider must maintain secure technology that meets all standard security measures for the restriction of access to information based on user roles (coach, caregiver, case manager, administrator, state office staff) and is HIPAA compliant, including an electronic information system that will support a Web site and phone app used to communicate with the caregiver and EDWP case manager and to capture daily caregiver notes/tasks performed. HIPAA encryption requirements mandate that covered entities and business associates utilize end-to-end encryption. (E2EE).

   a. Demonstration of the electronic documentation/information system to DCH during the application process is required. Review of the system with Case Management will be done once approved.

3) An SFC provider must also demonstrate an alternate means of receiving and storing caregiver notes/tasks performed, with assurance of protection of privacy of the information for those caregivers unable or unwilling to use an electronic documentation system.

1407.2 Structured Family Caregiving Agency Ongoing Requirements

Providers enrolled as Structured Family Caregiving (SFC) providers must provide the following functions on an ongoing basis as part of the SFC service:

1) The SFC provider must conduct monthly contacts at a minimum, based on the participant's assessed needs and the caregiver's coaching needs.
2) The SFC provider must employ health coaches with two or more years of experience working with frail older or disabled adults and caregivers. Health coaches are W-2 employees.

a. Health coaches must complete monthly contacts with the caregiver in person or by phone. Additional home visits and ongoing communication with the caregiver must be provided based on the current need of the waiver member and the caregiver.
b. On a semi-annual basis at a minimum, the health coach must visit the waiver member and caregiver, in the home, face to face, with the waiver case manager calling in via phone, ~~with all parties present during the visit.~~ This joint visit is intended to further establish communication between all members of the care team.
    i. NOTE: The SFC provider will schedule the semi-annual visits 7 business days prior and must make contact with case management to confirm date and time and establish contact number preferences. Notes from the visit will be collaboratively shared between SFC and Case Management sites within 3 business days of the visit. ~~Schedule issues may prevent both SFC provider and Case Management in the home at the same time. Case Management can call in once per year if needed but must be present for one of two required semi-annual visits.~~
c. Health coaches must monitor daily ~~notes/~~tasks and applicable notes performed/ submitted by the caregiver for indications that the caregiver may need additional training or support and document all contact with the caregiver.
d. Health coaches must alert the SFC provider's nurse and the CCSP or SOURCE case manager of any concerns about the member or caregiver's health, safety or unmet needs.

3) The SFC provider must ensure that a Georgia-licensed registered nurse (RN) is employed by or under contract with the agency.
    a. The RN must provide consultation for the health coaches, the caregiver and the waiver member and act as a liaison to the CCSP or SOURCE case manager as needed.
    b. For waiver members receiving enhanced case management, the RN must report health or other concerns to the case management agency's Medical Director through the case manager.
4) The SFC provider must capture daily ~~notes/~~tasks and applicable notes completed by the family caregiver in a secure, HIPAA-compliant electronic format, and use the information collected to monitor member health and caregiver support needs. The provider must make such notes/tasks available to CCSP and SOURCE case managers on an ongoing basis and provide immediate access to State Medicaid staff for monitoring or review purposes.
5) The SFC provider must deliver a minimum of 8 hours of annual training to each caregiver that reflects the participant's assessed needs to include first aid education. Training can be provided as needs are identified through self-report, review of caregiver documentation or case management identification of need. Training may be delivered via home visit, through secure electronic communication, web-based training modules or in another manner that is flexible, accessible and meaningful for the caregiver.

6) The SFC provider must maintain a secure electronic documentation system and alternate options for receiving daily caregiver ~~notes/~~tasks and applicable notes and communicating with the caregiver and CCSP or SOURCE case manager, as described in 1407.1 (1) and (2) of this section.
7) The SFC provider must work with caregivers and EDWP CCSP/SOURCE case managers to establish backup plans for emergencies and maintain the emergency plan in the electronic system.
8) The SFC provider must complete and retain a criminal records background screening for the identified primary caregiver, as well as the health coaches, with results of the background check received and reviewed prior to service delivery. See 105.13 and 'definitions' in Part I Policies and Procedures for Medicaid/Peachcare for Kids Policy Manual to maintain compliance with background screening requirements for fingerprint/criminal background checks of owner, administrators, onsite managers, directors and direct access employees. Section 1406 of this manual further identifies requirements related to criminal background screening.

   NOTE: Criminal record shall not include an applicant or employee for which at least 10 years have lapsed from the date of the criminal background check since the completion of all terms of the sentence; provided, however, that such 10-year period or exemption shall never apply to any crime identified below:

   - A felony violation of trafficking of persons for labor or sexual servitude as prohibited by Code Section 16-5-46.
   - A violation of neglecting disabled adults, elder person, or residents as prohibited by Code Section 16-5-101; and,
   - A violation of exploitation and intimidation of disabled adults, elder persons, and residents as prohibited by Code Section 16-5-102.

9) The SFC provider must provide a daily stipend to the caregiver for the care and support they provide to their family member under the SFC service. The stipend must be at least 60% of the per diem reimbursement rate for the service. See Appendix S of the CCSP and SOURCE General Services Manual for rate information for T1020 UK.
10) The SFC provider applicant must acknowledge that Structured Family Caregiving is provided in a private residence and affords all the rights, dignity and qualities of living in a private residence, including privacy, comfortable surroundings and the opportunity to modify one's living area to suit one's individual preferences.
11) The SFC provider will alert Case Management of caregiver approval via a 'good to go' email/phone communication informing them of the anticipated service begin date.
12) The SFC provider will provide quarterly reports to Case Management, DCH and contracted DCH auditors, upon request, from their electronic data system, providing caregiver compliance for daily tasks and applicable notes, information regarding incidents with the member, updates on training/material topics provided and any other necessary member/caregiver updates that took place in that quarter. Quarterly reports are

subject to a Quality review by DCH or other stakeholders. Failure to produce requested reports could result in recoupment.

13) The SFC provider will allow Case Management login access to their secure, HIPAA-compliant electronic format for collaboration and monitoring.
14) The SFC provider will obtain prior approval from Case Management for all requests to change/replace caregivers. Completion of a new Appendix D is required for each new caregiver request.

1407.3 EDWP Waiver (CCSP or SOURCE) Member Eligibility

To be eligible to participate in the SFC service, a CCSP or SOURCE member must meet the following qualifications:

1) They are an adult at least 18 years of age.
2) They have current Waiver Medicaid eligibility.
3) They require at least 5 hours of daily personal care services such as those provided in a nursing home, as determined by their most recent assessment and service plan for CCSP or SOURCE services. The hours of care need not be provided contiguously.

    a. Completion of the Appendix D by Case Management initially and annually at the semi-annual collaborative visit or at the Case Management nurse annual reassessment. See 1407.2 2B (10/2021, 7/1/2024)

4) They live with a family member who provides the hours of care described above. (same home/same address)
5) The member's needs and live-in caregiver's activities have been outlined in the member's care plan.
6) Members receiving the SFC service option can travel throughout the country/US and its territories. Prior notification to DCH and Case Management is required for time out of the home (member and aide together) for vacation/family circumstance purposes. Providers are not responsible for travel costs. Out of Country travel with Medicaid is prohibited. Rev 7/2022

1407.4 Caregiver Eligibility and Responsibilities

To be eligible to participate in the SFC services, the family caregiver of a CCSP or SOURCE member must meet the following qualifications:

1) They are at least 18 years of age.
2) They are related to the CCSP or SOURCE member as described in 1003.1 of the CCSP and SOURCE General Services Manual. Competition of the Appendix D by Case Management initially and annually at the semi-annual collaborative visit. See 1407.2 2B. (10/2021)
3) They are NOT the spouse, legal guardian or conservator of the family member for whom they are providing care.
4) They live in the home with the CCSP or SOURCE member for whom they are providing care. (same home/same address)

5) They pass a criminal background check conducted by the SFC agency that verifies they have not been convicted of any of the felonies listed in Section 1406 of this manual. See 105.13 and 'definitions' in Part I Policies and Procedures for Medicaid/Peachcare for Kids Policy Manual to maintain compliance with background screening requirements for fingerprint/criminal background checks of owner, administrators, onsite managers, directors and direct access employees.
6) They are willing to work with the SFC provider's health coach, including entry of daily ~~notes/~~tasks and applicable notes for the coach's review, participation at least monthly in a coaching session and participation in joint semi-annual home visits with the health coach and CCSP or SOURCE case manager.
7) They are responsible for supporting the member to maximize the highest level of independence possible by providing necessary care and support, including the following:
    a. Supervision or assistance in performing ADLs;
    b. Supervision or assistance in performing IADLs;
    c. Protective supervision provided solely to assure the health and welfare of a recipient;
    d. Supervision or assistance with health-related tasks;
    e. Supervision or assistance while escorting/accompanying the member outside of the home to perform tasks, including IADLs, health maintenance or other needs as identified in the care plan and to provide the same supervision or assistance as would be rendered in the home; and
    f. Submission of daily ~~notes/~~tasks and applicable notes electronically which reflect the member's health and the caregiver's performance. The daily notes/tasks must be available to the CCSP or SOURCE case manager.

NOTE: Structured Family Caregiving has been approved by the Centers for Medicare and Medicaid Services to provide support to *family members who live with and provide 24-hour care for an elderly or disabled family member, both through the support provided by health coaches and provision of a daily stipend. The service is designed to support live-in family caregivers unable to work outside of the home because of caregiving responsibilities. Working family caregivers (working out of the home where caregiver duties are performed or running a business/working from within the home) and non-family caregivers are not eligible to receive the SFC service option and will be assisted in selection of a traditional PSS agency or use of consumer-directed PSS. A caregiver enrolled in school, raising minors or has engagement in extensive personal hobbies will be reviewed regarding eligibility and could disqualify participation for that caregiver. If a caregiver makes the decision to seek employment after initial approval for SFC then they should notify the Case Management who will begin the process to find the appropriate PSS agency for traditional care or screen for eligibility for the option of consumer-directed PSS. Rev 7/2022

*See Part II Chapters 600-1000 Policies and Procedures for CCSP and SOURCE General Services manual section 1003.1 'Relative Caregivers' for definition of family.

NOTE: A caregiver must seek approval from Case Management and DCH to be eligible to care for up to two members (parents/siblings) in the same household and provide a

documented plan on how care will be provided between the two members. The two members must be under the same Case Management agency for coordination of care. Rev 7/2022. In addition, SFC provider and Case Management must have a documented back up plan of care for members in the event that the SFC caregiver is no longer able to provide care for members. Rev 10/2024

NOTE: The removal of an active, existing SFC caregiver from the Structured Family Care option does not terminate the member from the EDWP CCSP/SOURCE. If, based on stated caregiver eligibility criteria, the initial caregiver application fails to meet eligibility or the current caregiver eligibility is terminated due to various reasons regarding changes in eligibility (no longer resides with member, does not participate in daily task log in performance, obtains employment etc.), there is no caregiver appeal process. The case management can evaluate for placement of a new caregiver or the member can be evaluated for traditional personal support option. An SFC caregiver terminated for ineligibility will not be considered for hire as the family caregiver in traditional PSS/X when caregiver termination from SFC was due to negligent/illegal activity. An appendix D, SFC validation form must be completed prior to any new caregiver placement in SFC.

1407.5 Documentation Requirements

Documentation to support service delivery must include the following:

1) caregiver notes/tasks that record and track the member's status
2) updates or significant changes in health status or behaviors
3) participation in community-based activities, and other notable or reportable events
4) all communication with the HCBS waiver case manager or case management agency
5) monthly contacts and semi-annual visits
6) consultation with the agency nurse
7) referrals to other community services made on behalf of the caregiver or the member
8) training curricula and attendance by the caregiver

1407.6 Non-covered Services

1) The SFC service will not be reimbursed when provided by the parent of a minor child, the spouse of a member or the legal guardian or conservator of a member.

2) Separate payment will not be made for the following waiver services in combination with Structured Family Caregiving:

a. *Personal Support Services or Extended Personal Support Services delivered by a private home care provider agency or through consumer direction*
b. *Alternative Living Services **
c. *Home Delivered Meals **

NOTE: *Advanced notice to HDM providers is required when transitioning to SFC/ALS and discharging from the HDM option. Collaboration with the HDM

provider will ensure payment for meals delivered has paid based on consumption before SFC/ALS can begin. (1/2021, 4/2021)

3) Structured Family Caregiver providers will not be reimbursed for services on days when the member is an inpatient in a hospital, nursing facility or other institution.

4) Supervision or assistance in performing ADL care will remain the responsibility of the enrolled SFC caregiver (unless in the final stages of hospice care/actively dying). Prior approval from DCH to add a *MEDICAID* Home Health Aide/Hospice Aide is required.

1407.7 Other Allowable Services During SFC Participation

The following services can be provided to waiver members who receive Structured Family Caregiving:

1) Adult Day Health services of up to two (2) full days per week, not to exceed-three half days per week or total amount equal to two full days.
2) Up to fifty-two (52) days per year of out-of-home respite services following policy described in the CCSP and SOURCE Out-of-Home Respite Service Manual, Chapter 1500. Any day of receipt of overnight respite will count as one of the 52 days. Reimbursement will not be made for Structured Family Caregiving Services for days fully reimbursed under Out-of-Home Respite.
3) MEDICAID / MEDICARE Skilled nursing services by a private home care provider/Hospice/Home Health
4) Home Delivered Services
5) Emergency Response Service-
    - If the caregiver must be out of the home for short periods for errands and the member is cognitively intact and capable of recognizing an emergency.
    - Documentation must support the need for the service including the general period of time during which the caregiver will be absent, usual purpose of the absence, and capacity of the member to use the ERS system.
    - NOTE: This service will not be ordered to allow the caregiver to work outside the home.

1407.8 Modification of Certain Provider Requirements for the SFC Service

(1) The provider's initial evaluation of the member specified in 605.2 of the CCSP and SOURCE General Services Manual can be conducted telephonically, with the understanding that the first face to face meeting will occur at the first required home visit. Services can begin only after the caregiver is cleared by the background check and all enrollment documentation is completed. See 105.13 and 'definitions' in Part I Policies and Procedures for Medicaid/Peachcare for Kids Policy Manual to maintain compliance with background screening requirements for fingerprint/criminal background checks of owner, administrators, onsite managers, directors and direct access employees.

(2) The SFC service is not subject to the supervisory visit requirements specified in 606.17 of the CCSP and SOURCE General Services Manual or to the supervisory visit requirements specified in 1403.1 of this manual.
(3) Newly approved SFC sites may not apply for additional county expansion for six (6) months after date of initial approval.
(4) The health coach must create the coaching care plan for the caregiver, which serves as the member care plan for the SFC service that is required in 606.18 of the CCSP and SOURCE General Services Manual. The SFC provider's RN must review and sign the coaching care plan within 10 business days after its completion by the coach. Refer to Appendix K in General Service Manual for guidance to adopt agency's coaching care plan.

1407.9 Reimbursement

The rate for Structured Family Caregiving Services is published in Appendix S of the CCSP and SOURCE General Manual under procedure code/modifier combination T1020 UK.

This rate includes monitoring, coaching, educating and support for the family caregiver, as well as payment of the per diem stipend to the caregiver at no less than 60% of the total unit rate.

APPENDIX A

PERMISSION TO OBTAIN EMERGENCY MEDICAL TREATMENT

Member's Name _____

Provider's Name _____

I give permission to the above-named service provider to get the emergency medical treatment that I might need while the provider staff is rendering services. By my giving permission for this treatment, I agree to pay all costs related to the medical care, including the cost associated with emergency transportation. I understand that in case of emergency, the people I chose as "Emergency Contacts" will be notified immediately.

_____	_____
Member's Signature	Date
_____	_____
Authorized Representative's Signature (where applicable)	Date

APPENDIX B

MEMBER SERVICE RECORD - PERSONAL SUPPORT SERVICE

Member's Name _____

Service Month _____

SPECIFIC TASKS PERFORMED	DATES OF SERVICE														
Personal Care Tasks:															
bathing (tub/shower/bed)															
mouth/denture care															
grooming/shampooing hair															
nail filing															
assisting with dressing															
assisting with toileting															
other:															
Medically related tasks:															
observing/reporting changes in member condition															
arranging medical trips															
picking up prescriptions															
accompanying member on medical appointments															
reminding member to take medications															
providing watchful supervision and oversight															
other:															
Housekeeping tasks:															
vacuuming															
sweeping															
dusting															
mopping															
doing laundry															
changing linens															
other:															

Specific Tasks Performed	Dates of Service														
Ambulation and transfer:															
assisting with transfers															
assisting with walking															
encouraging physical activity															
assisting with simple exercise															
other:															
Home management:															
grocery shopping															
assisting with bill paying															
assisting with food stamp or other application															
other:															
Proper nutrition:															
preparing meals/clean up															
encouraging proper nutrition															
assisting with eating															
observing and reporting meal accumulation and food storage or cooking equipment failure															
other:															
Arrival Time															
Departure Time															
Total Service Hours															
Member's Initials															
PSS Worker's Initials															

* I affirm that the dates, times, and amount of service indicated on this document are accurate to the best of my knowledge.

PSS Worker's Signature_____

PSS Supervisor's Signature_____

Date _____

* Member's Signature_____

Date _____

INSTRUCTION IN THE USE OF THE MEMBER SERVICE RECORD

The Member Service Record documents the specific dates of service and the specific tasks performed each day. It is a verification of both tasks provided and the amount of service provided since the member indicates agreement by initialing each date of service.

(1) The PSS aide maintains a monthly service record for every member receiving service during a given month. The aide fills in:

(a) the member's name,

(b) the current service month, and

(c) the date of service in the top horizontal row on both the front and back of the form.

(2) The aide indicates which tasks were performed on a particular service date by an "x" or "check" in the corresponding box.

(3) The aide records the arrival and departure time and the total number of hours spent in the member's home on a given date in the row labeled "Arrival/Departure Time and Total Service hours."

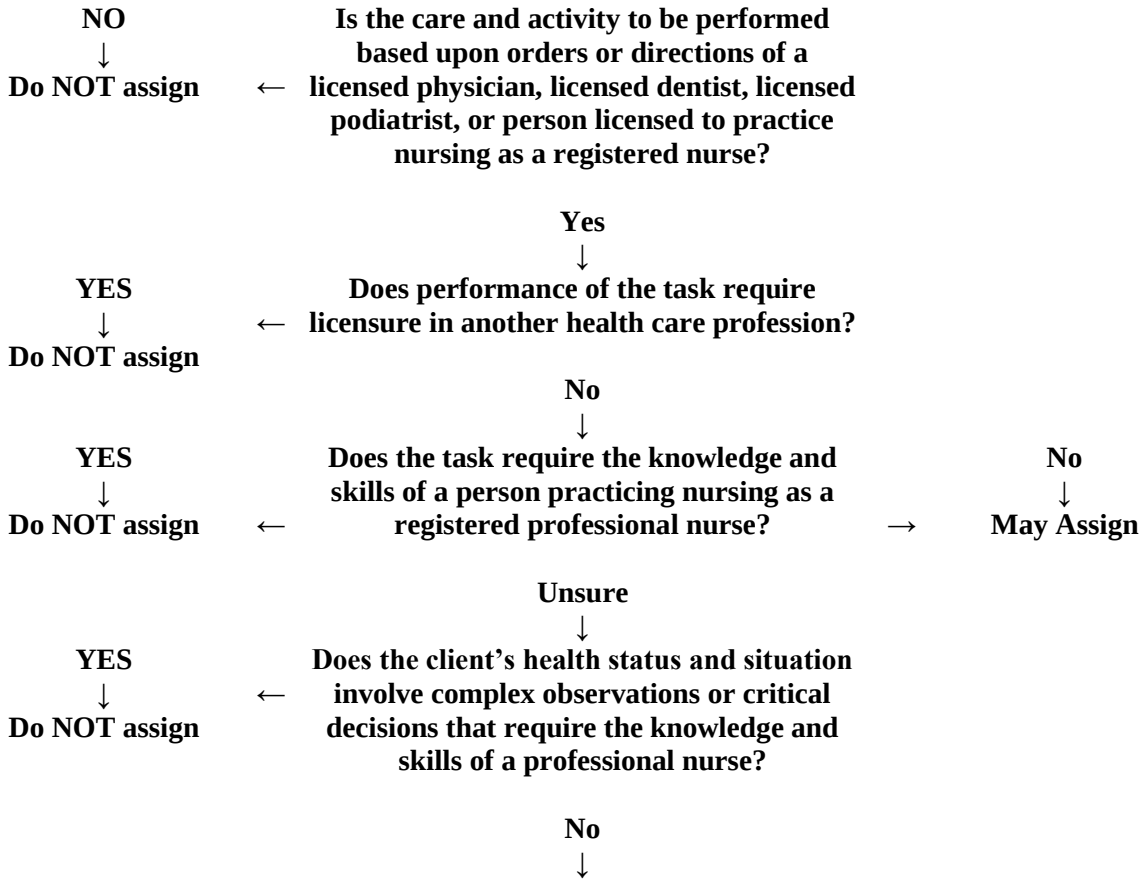
(4) The member and aide initial each service date verifying specific tasks performed and the total time spent with the member.

(5) The member and aide sign their names in the designated areas.

(6) Member Service Records are completed for each visit of the month that the member receives service, verified by the PSS supervisor and become part of the member's record. (See 1405 Electronic Visit Verification)

APPENDIX C

RN ASSIGNMENT DECISION TREE
Assignment to Unlicensed Assistive Personnel (UAP)



Appendix D

SFC ADL validation and caregiver attestation

Part II Chapter 1400 Policies and Procedures for EDWP (CCSP and SOURCE)
Personal Support Services/Consumer Direction/Structured Family Caregiver

Instructions: *Please indicate whether the ADL/IADL described in the left column requires intervention and assistance by a caregiver and provide the number of hours required for this specific task on a daily basis. If the task isn't required daily, please indicate number of times per week and hours required.*

Item D.1 further requires the relevant diagnosis.

ADL CARE-	
+D.1. MAKING SELF UNDERSTOOD (Expression) *Documented communication deficits in making self understood or understanding others. Deficits must be addressed in medical record with etiologic diagnosis addressed on MDS/ care plan for continued placement. (document acquired cognitive loss behavior issues that require caregiver oversight)*	☐ (inappropriate behavior, wandering, redirecting, resisting care etc)
+G2a Bathing – Time caregiver spends on client to give a full-body bath / shower. Include how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area – Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2b Personal hygiene – Time caregiver spends on client to comb hair, brush teeth, shave, apply make-up, wash and dry face and hands – Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2c Dressing upper body - Time caregiver spends on client to dress and undress (street clothes, underwear) above the waist, including prostheses, orthotics, fasteners, pullovers, etc. Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2d Dressing lower body – Time caregiver spends on client to dress and undress (street clothes, underwear) from the waist down including prostheses, orthotics, belts, pants, skirts, shoes, fasteners, etc. Notes	☐ Task Performed Time spent ☐ Not Applicable

Use either Walking **or** Locomotion. Walking- if the client walks, even with assistive device Locomotion- if wheelchair bound Notes	***Indicate reason if both are used***
G2e Walking – Time caregiver spends with client walking between locations on same floor indoors with the client. *Transfer and locomotion performance of the resident requires limited/extensive assistance by caregiver through help of one-person physical assist.* Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2f. Locomotion – Time caregiver spends moving client in wheelchair between locations on same floor Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2g. Transfer toilet – Time caregiver spends assisting the client on and off toilet or commode *Requires direct assistance of another person to maintain continence.* Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2h. Toilet use – Time caregiver spends assisting client with toileting (or commode, bedpan, urinal), cleanses client after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes etc - Notes	☐ Task Performed Time spent ☐ Not Applicable
G2i. Bed mobility – Time caregiver spends moving client to and from lying position, turns from side to side, and positions body while in bed Notes	☐ Task Performed Time spent ☐ Not Applicable
+G2j. Eating – Time caregiver spends feeding and assisting client with drinking. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition) *Assistance with feeding.* Notes	☐ Task Performed Time spent ☐ Not Applicable
IADL CARE -	
G1a-Meal Prep Time caregiver spends preparing meals. Time must be divided by the number of people in the home eating the meal. Notes	☐ Task Performed Time spent ☐ Not Applicable
G1c-Managing Finances Time caregiver spends completing banking, paying bills, and general financial matters for the client Notes	☐ Task Performed Time spent ☐ Not Applicable
+G1d- Managing Medications Time caregiver spends with med ordering, pick up, set up and administration Notes	☐ Task Performed Time spent ☐ Not Applicable
G1e- Phone Use Time caregiver spends performing call duties for client…. Calls to PCP, pharmacy, and general upkeep of member day to day situations Notes	☐ Task Performed Time spent ☐ Not Applicable

Other- light housekeeping, MD appointments, shopping) This is to include only the client's own home or client's space in caregiver's home re housekeeping not the entire caregiver home or caregivers space in the client's home. Notes	☐ Task Performed Time spent ☐ Not Applicable
Routine Health- Time caregiver spends following the directions of physicians, nurses or therapists, as needed for routine health care for client (BP/BS checks/vitals etc) Notes	☐ Task Performed Time spent ☐ Not Applicable
Special Health- Time caregiver spends following the directions of physicians, nurses or therapists as needed for specialized health care for client (dressing changes, dialysis (in-home) etc) Notes	☐ Task Performed Time spent ☐ Not Applicable
Total hours per day- Met ☐ Not Met ☐	

Total hours per day- Met ☐ Not Met ☐ Date _____

Member Name _____ Member Signature _____

1407.4 Caregiver Eligibility and Responsibilities

☐ The Primary identified caregiver is at least 18 years of age.

☐ The Primary caregiver is related to the CCSP or SOURCE member as described in 1003.1 of the CCSP and SOURCE General Services Manual. Relative Type _____

☐ The Primary caregiver is NOT the spouse, legal guardian or conservator of the family member for whom they are providing care.

The waiver member and primary caregiver must be related biologically or by marriage but may not include legally responsible adults such as parents of minor children or spouses of the waiver participants.

☐ The Primary caregiver is not employed, running a business, enrolled full time in school or has engagements (hobbies, raising minors) that removes the caregiver from the duties of caretaking for the member.

☐ The Primary caregiver lives in the home with the CCSP or SOURCE member for whom they are providing care. (same home/same address)

☐ The primary caregiver is willing to work with the SFC provider's health coach, including entry of daily notes for the coach's review, participation at least monthly in a coaching session and participation in joint semi-annual home visits with the health coach and CCSP or SOURCE case manager.

☐ The primary caregiver is responsible for supporting the member to maximize the highest level of independence possible by providing necessary care and support, including the following:

a. Supervision or assistance in performing ADLs;
b. Supervision or assistance in performing IADLs;
c. Protective supervision provided solely to assure the health and welfare of a recipient;
d. Supervision or assistance with health-related tasks;
e. Supervision or assistance while escorting/accompanying the member outside of the home to perform tasks, including IADLs, health maintenance or other needs

as identified in the care plan and to provide the same supervision or assistance as would be rendered in the home; and

f. Submission of daily notes electronically which reflect the member's health and the caregiver's performance

*Caregiver affirms the accuracy of the information provided in this document in entirety
* Member care begins once Medicaid is approved, brokering is finalized, background check completed, admission papers finalized by SFC and 'good to go' is given by SFC agency. No retro payment made up to that point.

Caregiver Printed Name _____

Caregiver Signature _____

*Case Manager affirms the accuracy of the information provided in this document to the best of his/her knowledge.

Case Management RN/LPN/ Case Manager Printed Name_____

Case Management RN/LPN/ Case Manager Signature _____

Instructions

Elderly and Disabled Waiver Program-Traditional/Enhanced

SFC ADL validation and caregiver attestation

Purpose:

This form is used to validate the requirement for at least 5 hours of daily personal care services such as those provided in a nursing home and to validate caregiver eligibility,1407.4 PART II – Chapter 1400 POLICIES AND PROCEDURES for EDWP (CCSP and SOURCE) PERSONAL SUPPORT SERVICES/ CONSUMER DIRECTION/ STRUCTURED FAMILY CAREGIVER.

Who Completes/When Completed:

Completed initially by the Case Management agency upon the request by the caregiver/member for Structured Family Care. Follow up completion annually is done per policy 1407.2 2B at the semi-annual collaborative visit done with the member by the SFC provider and Case Management or at the annual reassessment if needed. **A new document is generated with a request for a new caregiver. See 1407.2 #14**

Instructions:

Complete the column to the right if tasks are performed by caregiver and record time spent per day on the duty. Member, caregiver and case management all sign and date initially and annually.

Distribution:

Original is filed in Case Management case record. Copy in SFC provider record.