PART II

POLICIES AND PROCEDURES
for

EDWP (CCSP and SOURCE) PERSONAL SUPPORT SERVICES



GEORGIA DEPARTMENT OF COMMUNITY HEALTH

DIVISION of MEDICAL ASSISTANCE PLANS

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Policy Revision Record
from 2024 to Current[1]

REVISION DATE	SECTION	REVISION DESCRIPTION	REVISION TYPE	CITATION
			A=Added **D**=Deleted **M**=Modified	(Revision required by Regulation, Legislation, etc.)
4/1/2026	1417.2.8.	Ongoing Fingerprinting Requirement	A	DCH Policy
4/1/2026	Appendix D	Removal of references of Section 1003.1, replaced with Section 905	M	DCH Policy
4/1/2026	1417.8.4	Removal of Appendix K reference, added Appendix J	M	DCH Policy
4/1/2026	1417.2.5	New SFC Caregiver Training Requirement	A	DCH Policy
4/1/2026	1417.8.2	Supervisory Visit Implementation Due Date	A	DCH Policy
4/1/2026	Entire Manual	Updated EVV language to reference Netsmart	M	DCH Policy
1/1/2026	1417.2.8.	Ongoing Fingerprinting Requirement	A	DCH Policy
1/1/2026	1413.11.1	Consumer Direct Option Back Up Provider Requirement	A	DCH Policy
1/1/2026	1417.8.2	SFC Supervisory Visit Requirement	M	DCH Policy
1/1/2026	1417.2.2.2	SFC Semi-Annual Visit Requirement	M	DCH Policy
1/1/2026	1417.4.6	CPR/First Aid Requirement permitted online and in person	M	DCH Policy
10/1/2025	1417.4.6	CPR/First Aid Requirement for SFC Caregivers	A	DCH Policy
10/1/2025	1417.4.9	SFC Caregiver Two Member Requirement	M	DCH Policy
10/1/2025	Appendix D	CPR/First Aid Requirement for SFC Caregivers	A	DCH Policy
7/1/2025	1417.2.8	GCHEXS 3 year Requirement	M	DCH Policy
7/1/2025	1417.4.6	SFC Caregiver Requirements	A	DCH Policy
7/1/2025	1417.3.1	SFC Member Age Requirement	M	DCH Policy
7/1/2025	Appendix D	SFC Caregiver Requirements Form	A	DCH Policy
4/1/2025	Appendix D	Retro payment requirements and update	M	DCH Policy
4/1/2025	1417.2.8	GCHEXS Requirement	M	DCH Policy
1/1/2025	1409	Travel Requests	M	DCH Policy
1/1/2025	1407.3	Member Eligibility	M	DCH Policy
1/1/2025	1407.2	SFC Agency ongoing requirements	M	DCH Policy
1/1/2025	1407.1	SFC agency requirements	M	DCH Policy
1/1/2025	1407	Caregiver requirements, retro payments, cost-share deductions	M	DCH Policy

[1] The revisions outlined in this Table are from 2025 to current. For revisions prior to 2024, please see prior versions of the policy.

PREFACE

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 Policies and Procedures for CCSP and SOURCE General Services Manual

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

1401. 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:

1401.1. personal care

1401.2. housekeeping

1401.3. home management

1401.4. proper nutrition

1401.5. medically related activities

1401.6. ambulation

1401.7. 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.

1402. Description of Personal Support Services

1402.1. 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.

1402.2. 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.

1402.3. The Care Coordinator will order a minimum of two (2) hours of service for the PSS member: except:

1402.3.1. If there is more than 1 person residing in the same setting or a congregate setting (i.e. high rise)

1402.3.2. Client chooses less than 2 hours

1402.3.3. Needed services can be completed in less than 2 hours

1402.3.4. Should the needed services be completed in less than 2 hours the provider will only bill for the time rendered.

1403. 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.

1403.1. 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.

1403.2. This is not available to clients who reside in Assisted Living Facilities. Clients cannot receive personal support services at adult day health program due to being a duplication of services.

1404. Member Profile

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

1404.1. Meets the same level of care for admission to a nursing facility and is

1404.2. Medicaid eligible or potentially Medicaid eligible

1404.3. Lives alone or support system is unable or unavailable to assist with activities of daily living or self-care.

1404.4. Needs assistance to manage personal care and/or necessary housekeeping tasks.

1404.5. Requires activities provided by the Personal Support Services to remain in the community.

1404.6. Unable to secure the services through other means.

1404.7. Does not receive ALS services.

1404.8. 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.

1405. Appropriate Tasks

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

accompanying member on medical appointments when necessary due to member's frail condition reminding member to take medication 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 thePSS 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.

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.

1406. Licensure

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.

1406.1. 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.

1407. 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.

1407.1. Supervision of the Member's Care

1407.1.1. 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, the provider RN or LPN has the following specific supervisory functions:

1407.1.1.1. 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.

1407.1.1.2. 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.

1407.1.1.3. 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.

1407.1.1.4. 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) reevaluate a member.

1407.1.1.5. 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 Policies and Procedures for EDWP (CCSP and Source) General Services Manual.

1407.1.2. Administrative and Service Performance - The Personal Support Service provider agency assures that aides:

1407.1.2.1. provide competent services as indicated in the member's care plan

1407.1.2.2. provide services as scheduled

1407.1.2.3. complete all assigned tasks

1407.1.2.4. have a supervisor of Personal Support Services available at all times services are provided

1407.1.2.5. adhere to a written code of ethics in regard to member rights and protection from mistreatment, abuse, neglect, and exploitation

1407.1.2.6. adhere to a dress code

1407.1.2.7. have not been convicted of any of the felonies listed in

1407.1.2.8. Section 1406 of this manual.

1407.1.3. 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:

1407.1.3.1. skills required

1407.1.3.2. language and culture of the member

1407.1.3.3. member's requested time for service delivery

1407.1.3.4. member's other requests

1407.1.3.5. 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.

1407.1.3.6. 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.

1407.1.3.7. 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

1407.1.4. Emergency Procedures/Information

The provider has written procedures for dealing with medical emergencies readily available to all staff members. 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 the EDWP CCSP/SOURCE General Manual and the Personal Support Services Manual for Emergency Information and Permission to Obtain Emergency Medical Treatment forms.

1407.1.5. Clinical Records

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

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 (NETSMART)
and EVV (NETSMART) reports for clinical review of aide time worked.

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

1407.1.5.1. date of service, arrival and departure times

1407.1.5.2. number of hours services were provided

1407.1.5.3. specific tasks performed

1407.1.5.4. member, member's representative, or caregiver signature on service forms

1407.1.5.5. Personal Support Aide signature on service forms.

1407.1.5.6. The member signs the service record form/or validates time worked in the electronic submission system/EVV (NETSMART) 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 (NETSMART), the Personal Support Aide notes that the "member is unable to sign" the form/validate in EVV (NETSMART). In such cases, the agency verifies, and documents services performed, and time spent at the member's home.

1407.1.5.6.1. 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.

1407.1.5.6.2. 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:

1407.1.5.6.2.1. case conferences

1407.1.5.6.2.2. reports

1407.1.5.6.2.3. discussions with the care coordinator

1407.1.5.6.2.4. discussion or teaching regarding the member's care with the

1407.1.5.6.2.5. member, member's representative or family members.

Note: See EDWP CCSP/SOURCE General Manual for additional information on progress notes.

1407.1.5.6.3. 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.

1407.1.5.6.4. Consequences for repeated failure to use Electronic Visit Verification (EVV (NETSMART))

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

1407.1.5.6.4.1. Pre-payment Review;

1407.1.5.6.4.2. Corrective Action Plan;

1407.1.5.6.4.3. 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:

1407.1.5.6.4.4. be responsive to the cited deficiencies;

1407.1.5.6.4.5. state and describe the end result;

1407.1.5.6.4.6. indicate reasonable completion dates; and

1407.1.5.6.4.7. fully describe the methodology used to accomplish complete and permanent corrective action.

1407.1.5.6.4.8. You will receive a letter by certified mail informing you whether your proposed Corrective Action Plan is acceptable or not acceptable.

1407.1.5.6.4.9. 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/ Peach Care for Kids, Chapter 400, Section 402, Corrective Action Plans.

1407.1.5.6.4.10. 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.

NOTE: 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 Constitute 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

1407.1.6. 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 to maintaining individual health and prevents premature nursing facility placement of vulnerable individuals, Personal Support Aides:

1407.1.6.1. 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

1407.1.6.2. encourage good nutrition through teaching and working with the member and/or the member's representative or caregiver.

1407.1.7. Monitoring and Assistance with Self-Administration of Medication

Refer to the EDWP CCSP/SOURCE General Manual

1407.1.8. Notification of Member Rights

If the provider requires the member to sign a service agreement or contract, the provider uses 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 Part II Policies and Procedures for EDWP (CCSP/SOURCE) General Manual and Rules and Regulations for Private Home Care Providers. Chapter 290-5-54-.12

1407.1.9. 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, Rules and Regulations for Private Home Care Providers).

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

1407.1.9.1. Quality of Member Service as indicated by the measurement of:

1407.1.9.1.1. appropriateness of service to the identified need and choice of the member

1407.1.9.1.2. provision of service in a timely fashion

1407.1.9.1.3. performance of assigned/required activities

1407.1.9.1.4. support of member dignity and self-respect

1407.1.9.2. Member Satisfaction as indicated by the measurement of:

1407.1.9.2.1. staff responsiveness to member needs

1407.1.9.2.2. timeliness

1407.1.9.2.3. sensitivity to cultural differences

1407.1.9.2.4. staff respect for member's rights, choices, privacy, dignity, property

1407.1.9.2.5. and protection from harm and exploitation

1407.1.9.2.6. staff attitude and courtesy

1407.1.9.2.7. staff competency in performing assigned tasks

1407.1.9.3. 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.

1407.1.9.4. Clinical Records – The provider monitors and reviews clinical records to insure they contain current, required information.

1408. 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).

1408.1. RN Supervisor

1408.1.1. Qualifications of the RN supervisor include:

1408.1.1.1. 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.

1408.1.1.2. two years' experience in home health services or a related field, experience working with older populations is preferred

1408.1.1.3. 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

1408.1.1.4. working knowledge of Rules and Regulations for Private Home Care Providers Chapter 290-5-54.

1408.1.1.5. working knowledge of the policies and procedures of the EDWP CCSP/SOURCE.

1408.1.2. Duties of the RN supervisor include:

1408.1.2.1. monitoring and supervising the care of those members whose health status and situation involve complex observations

1408.1.2.2. 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

1408.1.2.3. 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

1408.1.2.4. supervising personal support aides and licensed practical nurses

1408.1.2.5. completing clinical records, including documenting progress notes and supervisory visit entries

1408.1.2.6. 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.

1408.1.2.7. 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.

1408.1.2.8. communicating member care needs with other EDWP CCSP/SOURCE providers, member, member representatives, caregivers, and/or EDWP CCSP/SOURCE care coordinators

1408.1.2.9. making appropriate recommendations to EDWP CCSP/SOURCE care coordinators regarding member services

1408.1.2.10. conducting face-to-face visits in the member's home as required to re-evaluate the needs of those members whose health status and situation involve complex observations

1408.1.2.11. arranging for orientation and in-service training of staff

1408.1.2.12. educating the member, member's representative, and/or caregiver(s) about the member's health status, level of functioning, and health care needs

1408.1.2.13. reporting changes in the member's status/condition to the member's physician

1408.1.2.14. 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.

1408.1.3. Supervisory functions of the RN include:

1408.1.3.1. meeting with the member and, when appropriate, the member representative and/or caregiver in the member's home as required to conduct a face-to-face supervisory visit with the member whose health status and situation involve complex observations

1408.1.3.2. 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

1408.1.3.3. completing timely, pertinent supervisory notes that include the documentation required in the EDWP CCSP/SOURCE General Manual.

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

1408.2. Licensed Practical Nurse

1408.2.1. Qualification of the LPN include:

1408.2.1.1. a current Georgia license to practice nursing and render services as an LPN in accordance with the provisions of the Georgia Practical Nurses Practice Act, O.C.G.A. 43-26-30 et seq

1408.2.1.2. a minimum of two years' experience in home health services or a related field; prefer experience working with older populations

1408.2.1.3. ability to supervise personal support aides

1408.2.1.4. ability to communicate effectively

1408.2.1.5. working knowledge of the Rules and Regulations for Private Home Care Providers Chapter 290-5-54

1408.2.1.6. working knowledge of the policies and procedures of the EDWP CCSP/SOURCE.

1408.2.1.7. Duties of the LPN include:

1408.2.1.7.1. monitoring and recording member's vital signs as needed, reporting abnormal readings to the RN supervisor

1408.2.1.7.2. observing member's functional level;

reporting any changes in the member's physical condition and health care needs to the supervising RN

1408.2.1.7.3. assisting members, as needed, with medications; observing for possible reactions; reporting any reactions to the supervising RN

1408.2.1.7.4. preparing progress notes and supervisory visit entries, documenting member's current status

1408.2.1.7.5. teaching self-care activities to members, member representatives, and caregivers

1408.2.1.7.6. assisting with and/or providing member care as needed

1408.2.1.7.7. 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

1408.2.1.7.8. collaborating with the supervising RN to update member care plans

1408.2.1.8. Supervisory functions of the LPN include:

1408.2.1.8.1. completing a face-to-face supervisory visit with assigned members and, when appropriate, the member representative and/or caregiver, in the member's home notifying the supervising RN of any significant changes in member's status

1408.2.1.8.2. 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

1408.2.1.8.3. completing timely, pertinent supervisory notes that include the documentation required in the EDWP CCSP/SOURCE General Manual.

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

1408.3. Personal Support Aides

1408.3.1. Qualifications of the Personal Support Aide include:

1408.3.1.1. Ability to read and write, follow verbal and written instructions, and complete legible written reports of care given.

1408.3.1.2. Completion of one of the following training requirements:

1408.3.1.2.1. documentation of nurse aide certification from the Georgia Department of Community Health, Healthcare Facility Regulations Division; or

1408.3.1.2.2. 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

1408.3.1.2.3. 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

1408.3.1.2.4. Required training includes, but is not limited to:

1408.3.1.2.5. safety and accident prevention; fire safety

1408.3.1.2.6. budgeting/home economics

1408.3.1.2.7. effective communication with older adults

1408.3.1.2.8. caring for members with Alzheimer's and other related disorders

1408.3.1.2.9. observations skills; reporting and documentation

1408.3.1.2.10. 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.

1408.3.1.2.11. a caring and understanding attitude toward individuals who are elderly, disabled or frail

1408.3.1.2.12. ability to be flexible and tolerant of varied lifestyles

1408.3.1.2.13. ability to work under supervision and within the guidelines of a care plan

1408.3.1.2.14. good health

1408.3.2. Experience

1408.3.2.1. 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, 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 nonrelative, live-in caregivers in EDWP, Elderly and Disabled Waiver Program. See Part II EDWP CCSP/SOURCE General Services Manual regarding definition of relative.

1408.3.3. 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.

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:

1408.3.3.1. emergency situations, as well as situations requiring supervisory consultation

1408.3.3.2. member rights and choice

1408.3.3.3. member protection from mistreatment, abuse, neglect, and exploitation

1408.3.3.4. written code of ethic

1408.3.3.5. appropriate dress code

1408.3.3.6. need for confidentiality

1408.3.3.7. Duties of the Personal Support Aide include:

1408.3.3.7.1. provide or assist with any of the appropriate duties listed in this manual

1408.3.3.7.2. encourage member to make decisions and to remain as independent as possible.

1408.3.3.7.3. encourage member representative to be involved and responsible for care of the member

1408.3.3.7.4. observe and report changes in member's condition, meal consumption, food storage and cooking equipment failure to the supervisor.

1408.3.3.7.5. maintain current progress notes indicating changes in the member's condition, problems that hinder service delivery, and additional needs of the member.

1408.3.3.7.6. complete the Member Service Record after each visit for each member if applicable if not able to document in the EVV (NETSMART) electronic system and forward it to the PSS supervisor as required.

1408.3.3.7.7. monitor members and their environments to address and report issues that impact members' health, safety, or welfare. Member observations include:

1408.3.3.7.7.1. meal consumption

1408.3.3.7.7.2. safety in the home

1408.3.3.7.7.3. changes in the

1408.3.3.7.7.4. member's physical or emotional condition

1408.3.3.7.7.5. changes in the member's support systems

1408.3.3.7.8. apply information acquired through training

1408.3.3.7.9. adhere to the Personal Support Services provider's written code of ethics and dress code

1408.3.4. In-Service Training

1408.3.4.1. 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:

1408.3.4.1.1. Basic First Aid

1408.3.4.1.2. Infection Control

1408.3.4.1.3. Body Mechanics

1408.3.4.1.4. Nutrition

1408.3.4.1.5. Cardiopulmonary resuscitation (CPR)

1408.3.4.2. 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.

1408.3.4.3. The provider maintains documentation of in-service training topics including:

1408.3.4.3.1. Objectives

1408.3.4.3.2. Content

1408.3.4.3.3. time spent per subject matter

1408.3.4.3.4. instructor(s)

1408.3.4.3.5. instructor's credentials

1408.3.4.3.6. proof of employee attendance

1408.3.4.3.7. evaluation

1409. Reimbursement Methodology

Refer to 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 (NETSMART)) 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 (NETSMART) 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 (NETSMART)) 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 (NETSMART) 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 (NETSMART) 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 (NETSMART) system or use the DCH system. However, the provider is responsible for any costs associated with using the alternate EVV (NETSMART) system.

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

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/consumercorner/telephone/consumer-advisories/lifeline-assistance-program-link-upgeorgia/ or www.galifeline.com.

Members receiving CD PSS/PSS/SFC service options can travel throughout the country/US and its territories. Travel requests must be submitted to Case Management 10 business days in advance. If it is an emergency, then case management must be notified within 24 hours regarding the travel request. This 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 (NETSMART) system to be eligible for reimbursement. Providers are not responsible for travel costs. Out of Country travel with Medicaid is prohibited.

1410. 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.

1410.1. Eligibility Criteria

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

1410.1.1. Enrolled in the EDWP CCSP/SOURCE and receiving personal support services for a period of six months or greater

1410.1.2. Current Waiver Medicaid eligibility

1410.1.3. Current physician approved Comprehensive Care Plan in which personal support services have been ordered

1410.1.4. History of timely and total cost share payments to service provider(s) for individuals subject to cost share

1410.1.5. Clients appropriate and eligible for consumer direction must meet the following criteria

1410.1.6. Cognitive ability and capability to understand and perform the tasks required to employ a worker (recruitment, hiring, scheduling, training, supervision, termination)

1410.1.7. Demonstrates control over daily schedule and decisions

1410.1.8. Directs his/her own care or designates a representative to assume responsibility for directing care

1410.1.9. Expresses willingness to manage services within the approved budget

1410.1.10. Does not exhibit problem or symptomatic behavior(s) that places the consumer or others at risk

1410.1.11. The employer will review the submission of employee time for accuracy via the EVV (NETSMART) system.

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.

1411. 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:

1411.1. Incidence of problem or symptomatic behavior which has placed the client or others at risk

1411.2. Failure to maintain control over daily schedule and decisions for two consecutive months

1411.3. Failure to stay within budget for PSS for two consecutive months

1411.4. Use of the state back-up emergency plan no more than 15 days per month for two consecutive months

1411.5. 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.

1412. Employee Eligibility

Employees must meet the following qualifications for EDWP CCSP/SOURCE Consumer Directed Care

Option for Personal Support Services:

1412.1. Be 18 years or older

1412.2. Possess a valid social security card and valid work permit if not a U.S. citizen

1412.3. Submit to a criminal background check prior to beginning employment to determine worker has no felony conviction. See '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.

1412.4. Possess basic reading, writing, and math skills

1412.5. Demonstrate the experience, training, education, and/or skills necessary to assist the client according to program standards

1412.6. Possess the physical ability to perform required tasks

1412.7. Possess knowledge and understanding of the client's impairment(s) and condition(s) and how his/her limitations affect the performance of everyday activities

1412.8. Attend training at the consumer's direction prior to rendering any services

1412.9. Sign affidavits as needed regarding incident reporting, abuse/neglect/exploitation

1412.10. 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.

1412.10.1. The symptom screening form is available on the GA DPH web site: https://dph.georgia.gov/sites/dph.georgia.gov/files/TB-SymptomScreenEnglish.pdf

1412.11. 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, 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.

https://dch.georgia.gov/office-inspector-general/georgia-criminal-history-check-system-gchexs

Examples include-

1412.11.1. Murder or Felony Murder

1412.11.2. Attempted Murder

1412.11.3. Kidnapping

1412.11.4. Rape

1412.11.5. Armed Robbery

1412.11.6. Robbery

1412.11.7. Cruelty to Children

1412.11.8. Sexual Offenses

1412.11.9. Aggravated Assault

1412.11.10. Aggravated Battery

1412.11.11. Arson

1412.11.12. Theft by Taking or by conversion

1412.11.13. 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.

1413. 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:

1413.1. Sign the Consumer Directed Care Option Memorandum of Understanding

1413.2. Understand the required qualifications of the worker

1413.3. Develop criteria for employee selection

1413.4. Develop employee job description(s)

1413.5. Select a Medicaid approved Financial Management Service (FMS) provider

1413.6. Recruit employee(s)

1413.7. Hire employee(s)

1413.8. Verify in writing employee qualifications which are required in CD-PSS

1413.9. Train employees on specific individual needs

1413.10. Determine employee work schedule

1413.11. Develop back-up plan

1413.11.1. 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. Prior approval from case management is required for the fiscal agent to approve payment for the back up agency.

1413.12. Choose a PSS provider agency as the State emergency back-up plan

1413.13. Supervise the employee

1413.14. Problem solves with the employee and provide discipline when needed

1413.15. Create a positive and safe work environment

1413.16. Review time worked in the EVV (NETSMART) system for accuracy and verify the submissions for payment by the due date to the Fiscal Intermediary (FI)

1413.17. 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. Travel requests must be submitted to Case Management 10 business days

in advance. If it is an emergency, then case management must be notified within 24 hours regarding the travel request. This 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 (NETSMART) system to be eligible for reimbursement. Providers are not responsible for travel costs. Out of Country travel with Medicaid is prohibited.

1414. 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 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.

1414.1. Medicaid reimbursement is limited to:

1414.1.1. Caregivers (employees) providing direct personal support

1414.1.2. Financial intermediary

1414.1.3. 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:

1414.1.4. Payroll and Accounting

1414.1.5. Financial Management

1414.1.6. Collecting Cost Share

1414.1.7. Enrolling consumers in FI and obtain authorization from the consumer or the representative

1414.1.8. Preparing and distributing application package of information for consumers hiring their own employees

1414.1.9. Providing needed counseling and technical assistance regarding the role of the FI to the consumer, representative and others

1414.1.10. Processing employment application package and documentation for potential consumer employed employee(s)

1414.1.11. 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)

1414.1.12. 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.

1414.1.13. Establishing and maintaining a record for each consumer employee and processing all employment records

1414.1.14. 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.

1414.1.15. Processing all judgments, garnishments, tax levies or any related holds on any consumer employee as may be required by local, state, or federal laws

1414.1.16. 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.

1414.1.17. 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 (NETSMART)) system or ensure that their EVV (NETSMART) 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 (NETSMART) system must submit time worked to the DCH EVV (NETSMART) 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 $95.00 per month billed on the CMS-1500. This rate will be reviewed annually for adjustments as needed.

1415. 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:

1415.1. Assessing consumer ability, capacity and willingness to employ and manage workers

1415.2. Contacting PSS provider to determine history of cost share payment, if applicable

1415.3. Empowering client to function independently

1415.4. 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

1415.5. Reviewing on a monthly basis employer authorized service unit expenditure

1415.6. Informing the client when his/her budget exceeds the services

1415.7. Training the client on documentation requirements

1415.8. Evaluating client/representative ability to manage services as an employer

1415.9. Auditing the Employee(s) training file

1415.10. Providing current assessment and care plan documents to State Emergency Back-Up provider agency

1415.10.1. Care Coordinator/Support Brokers are not responsible for:

1415.10.1.1. Completing or processing payroll forms

1415.10.1.2. Payroll documentation and submission

1415.10.1.3. Hiring, training, disciplining, or firing employee

1415.10.1.4. 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.

1416. 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:

1416.1. Be fully licensed, without restriction, by the Office of Regulatory Services as a Private Home Care Provider

1416.2. Have been enrolled in the EDWP CCSP/SOURCE for a minimum of six consecutive months

1416.3. Be willing to provide trained and qualified emergency back-up staff for the client who is self-directing his/her care

1416.4. 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

1416.5. 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.

1417. 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. Exclusions for the paid primary caregiver to include legally responsible persons for examples court appointed guardians, parents of minor children, and spouses of the waiver participants.

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. Once the Medicaid eligibility is granted, no retro payments will be issued to the paid caregiver. 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. The cost share may not be drafted from the paid caregiver's stipend but paid directly from the member enrolled in the EDWP program. Failure to pay cost share for two consecutive months or 3 of the past 6 months will result in the member's removal from the program by the EDWP case manager. See the CCSP and SOURCE Services Manual for information on cost share requirements.

1417.1. Enrollment Criteria for a Structured Family Caregiving (SFC) Provider Agency

1417.1.1. 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 Personal Support Services/Private Home Care provider. Experience must include expertise in providing education and training or health and wellness coaching for individuals who are either older adults or persons with disabilities. Enrolling provider must provide an active Medicaid contract number showing experience providing personal support services. If your agency provided family caregiving services in another state, you must show documentation supporting family caregiving. The potential SFC Provider must have a place of business (brick and mortar) established within the State of Georgia.

1417.1.1.1. Refer to Part II Policies and Procedures for CCSP and SOURCE General Services Manual (Expansion Procedures for Active CCSP and SOURCE Medicaid Providers) for service application requirements.

1417.1.1.2. Initial and expansion applicants for SFC should refer to Appendix DD 'business plan' requirements in Part II Policies and Procedures for CCSP and Source General Services Manual.

1417.1.1.3. A business plan submission must contain information on the provider's sample member admission packet with items related to Part II Policies and Procedures for CCSP and SOURCE General Services Manual. 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, Policies and Procedures for CCSP and SOURCE General Services Manual. This should also include sample clinical file.

1417.1.2. 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 copy of the business associate agreement with the E2EE System should accompany the application.

1417.1.2.1. Demonstration of the electronic documentation/information system to DCH during the application process is required. Review of the system with all Case Management agencies assigned to your approved area before the first client is accepted with your agency. This list may be given at the time of approval from the DCH Waiver Team.

1417.1.3. 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.

1417.2. 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:

1417.2.1. The SFC provider must conduct monthly contacts at a minimum, based on the participant's assessed needs and the caregiver's coaching needs. Monthly contacts must be made with the paid caregiver unless the member has been deemed incompetent by a court of law or medical professional. Topics of discussion but not limited to reporting any medical appointments, issues/concerns with care, falls, home environment, receiving additional services such as home health or hospice and Medicaid renewal concerns. These contacts must be conducted either face to face or by telephone.

1417.2.2. The SFC provider must employ health coaches who possesses minimum education and experience of associate's degree or two or more years of experience working community health, long term care, and/or chronic diseases of adults. Health coaches are W-2 employees. Please refrain from issuing a 1099 for those who are designated as health coaches in your agency. NOTE: Caregivers are not considered employees of your provider agency and therefore a W2 should not be issued. We do not require the agency to provide the caregiver with a 1099.

1417.2.2.1. 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.

1417.2.2.2. On a semi-annual basis, every 6 months, 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. This joint visit is intended to further establish communication between all members of the care team.

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.

1417.2.2.3. 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. Daily notes should consist of but not limited to the member's alertness, skin integrity, task completed for the day.

1417.2.2.4. 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.

1417.2.3. The SFC provider must ensure that a Georgia-licensed registered nurse (RN) is employed by or under contract with the agency.

1417.2.3.1. The RN must provide consultation, monitoring, and oversight of the daily notes of the caregiver, for the health coaches, the caregiver and the waiver member and act as a liaison to the CCSP or SOURCE case manager as needed. RN must review these notes at least every 14 days and provide a signature that the review was completed.

1417.2.3.2. 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. These daily notes are to be sent to the assigned case management agency upon request.

1417.2.4. 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 or contractors associated with DCH for monitoring or review purposes.

1417.2.5. Within every calendar year, 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 for a new SFC caregiver must be completed successfully prior to services being rendered. Training can be provided as needs are identified through self-reporting, 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.

1417.2.6. The SFC provider must maintain a secure electronic documentation system with alternate options for receiving daily caregiver notes/tasks and applicable notes. The system must have the ability to communicate with the caregiver and CCSP or SOURCE (EDWP) case manager, as described in this section.

1417.2.7. 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.

**NOTE: Backup plans must be documented and on record for those caregivers who provide assistance to 2 SFC Members in the same home. This DCH approved backup plan may be obtained from case management.

1417.2.8. 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. GCHEXS must be utilized for all background checks effective February 3, 2025 and must be completed every 3 years thereafter. If previously enrolled under long-term care, providers and/or caregivers may only receive a new satisfactory letter and not a fingerprinting appointment.

** Note: Upon receipt of a new Level of Care (LOC) and Appendix D, the Structured Family Caregiving (SFC) provider must ensure that the assigned employee has a current background check on file through the Georgia Criminal History Record Information Consent Form (GCHEXS) Background Check Program. There will not be any individuals that will be exempt from the GCHEXS background check requirement and individuals will not be grandfathered in.

See '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:

1417.2.8.1. A felony violation of trafficking of persons for labor or sexual servitude as prohibited by Code Section 16-5-46.

1417.2.8.2. A violation of neglecting disabled adults, elder person, or residents as prohibited by Code Section 16-5-101; and,

1417.2.8.3. A violation of exploitation and intimidation of disabled adults, elder persons, and residents as prohibited by Code Section 16-5-102.

1417.2.9. 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 the CCSP and SOURCE General Services Manual for rate information for T1020 UK.

***NOTE: The cost share may not be drafted from the paid caregiver's stipend but paid directly from the member enrolled in the EDWP program.

1417.2.10. 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.

1417.2.11. 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.

***Note: Case management will provide approval and issuance of the brokering packet once a PMAO member has been deemed EDWP Medicaid eligible. Request to retroactively be paid before the brokering date is prohibited.

1417.2.12. The SFC provider will provide quarterly reports to Case Management. SFC provider must send reports to DCH and/or contracted DCH auditors, upon request. These reports are to be directly from their electronic data system showing 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 Personal Support Services subject to a Quality review by DCH or other stakeholders. Failure to produce requested reports to case management, DCH, or any other DCH Partner could result in recoupment.

1417.2.13. The SFC provider will allow Case Management login access to their secure, HIPAA compliant electronic format for collaboration and monitoring.

1417.2.14. The SFC provider MUST 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 prior to being employed with SFC agency.

1417.3. 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:

1417.3.1. They are an adult at least 21 years of age.

1417.3.2. They have current Waiver Medicaid eligibility.

1417.3.3. They require 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 do not have to be rendered continuously.

1417.3.3.1. 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. The completion of this form is to be completed face to face visit. In the event the paid caregiver changes, another appendix D will be completed prior to new caregiver may be employed. Otherwise, traditional personal support services may be rendered.

1417.3.4. They live with a family member who provides the hours of care described above. (same home/same address)

1417.3.5. The member's needs and live-in caregiver's activities have been outlined in the member's care plan.

1417.3.6. 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.

1417.4. 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:

1417.4.1. They are at least 18 years of age.

1417.4.2. They are related to the CCSP or SOURCE member as described in the CCSP and SOURCE General Services Manual. Competition of the Appendix D by Case Management initially and annually at the semi-annual collaborative visit.

1417.4.3. They are NOT the spouse, legal guardian or conservator of the family member for whom they are providing care.

1417.4.4. They live in the home with the CCSP or SOURCE member for whom they are providing care. (same home/same address) Personal Support Services

1417.4.5. 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 this manual. SFC Agency will maintain compliance with background screening requirements for fingerprint/criminal background checks of owner, administrators, onsite managers, directors and direct access employees.

1417.4.6. Must obtain and maintain active CPR and First Aid certification via an accredited organization in person. Only SFC is permitted to obtain online certification for CPR and First Aid certification. This applies to caregivers hired on or after October 1, 2025.

1417.4.7. They cannot receive disability benefits such as SSI, VA, etc.

1417.4.8. 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.

1417.4.9. They are responsible for supporting the member to maximize the highest level of independence possible by providing necessary care and support, including the following:

1417.4.9.1. Supervision or assistance in performing ADLs;

1417.4.9.2. Supervision or assistance in performing IADLs;

1417.4.9.3. Protective supervision provided solely to assure the health and welfare of a recipient;

1417.4.9.4. Supervision or assistance with health-related tasks;

1417.4.9.5. 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

1417.4.9.6. 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.

***Member affirms that the designated family caregiver lives with them and will perform all aspects of care. Member confirms the accuracy of the information provided. If any information has been reported as false or misleading, this may be viewed as Medicaid fraud and will result in the recoupment of Medicaid funds, referral to Office of Inspector General, and termination from the EDWP program.

***If the member is unable to sign attestation form, the potential paid caregiver cannot sign the attestation form. Another family representative may sign the attestation form.
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, engaging in extensive personal hobbies will be reviewed and could disqualify participation for that caregiver. If a caregiver obtains employment outside of the home including opening a business after initial approval for SFC then they should notify the assigned health coach and EDWP Case Management who will begin the re-brokering process. This includes brokering to the appropriate PSS agency for traditional care or screen for eligibility for the option of consumer-directed PSS.

*See Part II Chapters Policies and Procedures for CCSP and SOURCE General Services manual section '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. Case management must submit a letter of support supporting the request to DCH. The two members must be under the same Case Management agency AND Service Provider for coordination of care.

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.

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.

1417.5. Documentation Requirements

1417.5.1. Documentation to support service delivery must include the following:

1417.5.1.1. caregiver notes/tasks that record and track the member's status

1417.5.1.2. updates or significant changes in health status or behaviors

1417.5.1.3. participation in community-based activities, and other notable or reportable events

1417.5.1.4. all communication with the HCBS waiver case manager or case management agency

1417.5.1.5. monthly contacts and semi-annual visits

1417.5.1.6. consultation with the agency nurse

1417.5.1.7. referrals to other community services made on behalf of the caregiver or the member

1417.5.1.8. training curricula and attendance by the caregiver

1417.5.1.9. Critical incident reports to include but not limited to hospitalization and falls.

1417.6. Non-covered Services

1417.6.1. 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.

1417.6.2. Separate payment will not be made for the following waiver services in combination with Structured Family Caregiving:

1417.6.2.1. Personal Support Services or Extended Personal Support Services delivered by a private home care provider agency or through consumer direction

1417.6.2.2. Alternative Living Services

1417.6.2.3. 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 Personal Support Services provider will ensure payment for meals delivered has paid based on consumption before SFC/ALS can begin.

1417.6.2.4. 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.

1417.6.2.5. 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.

1417.7. Other Allowable Services During SFC Participation

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

1417.7.1. 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.

1417.7.2. 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.

1417.7.3. MEDICAID / MEDICARE Skilled nursing services by a private home care provider/Hospice/Home Health

1417.7.4. Home Delivered Services

1417.7.5. 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.

1417.8. Modification of Certain Provider Requirements for the SFC Service

1417.8.1. The provider's initial evaluation of the member specified in 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 '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. Personal Support Services

1417.8.2. The SFC service is required to complete supervisory visit requirements specified in the CCSP and SOURCE General Services Manual or to the supervisory visit requirements outlined in this manual.

NOTE: All EDWP agencies providing SFC must be in full implementation by July 31, 2026. Failure to comply with supervisory visits will result in suspension or termination from EDWP.

1417.8.3. Newly approved SFC sites may not apply for additional county expansion for six (6) months after date of initial approval.

1417.8.4. 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 the CCSP and SOURCE General Services Manual. The SFC provider's RN must review and sign the coaching care plan within 14 business days after its completion by the coach.

Refer to Appendix J in General Service Manual for guidance to adopt agency's coaching care plan.

1417.9. Reimbursement

1417.9.1. The rate for Structured Family Caregiving Services is published in 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 of 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/cleans 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 Signature _____

Date _____

Appendix B
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.

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

i. the member's name,

ii. the current service month, and

iii. the date of service in the top horizontal row on both the front and back of the form.

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

C. 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."

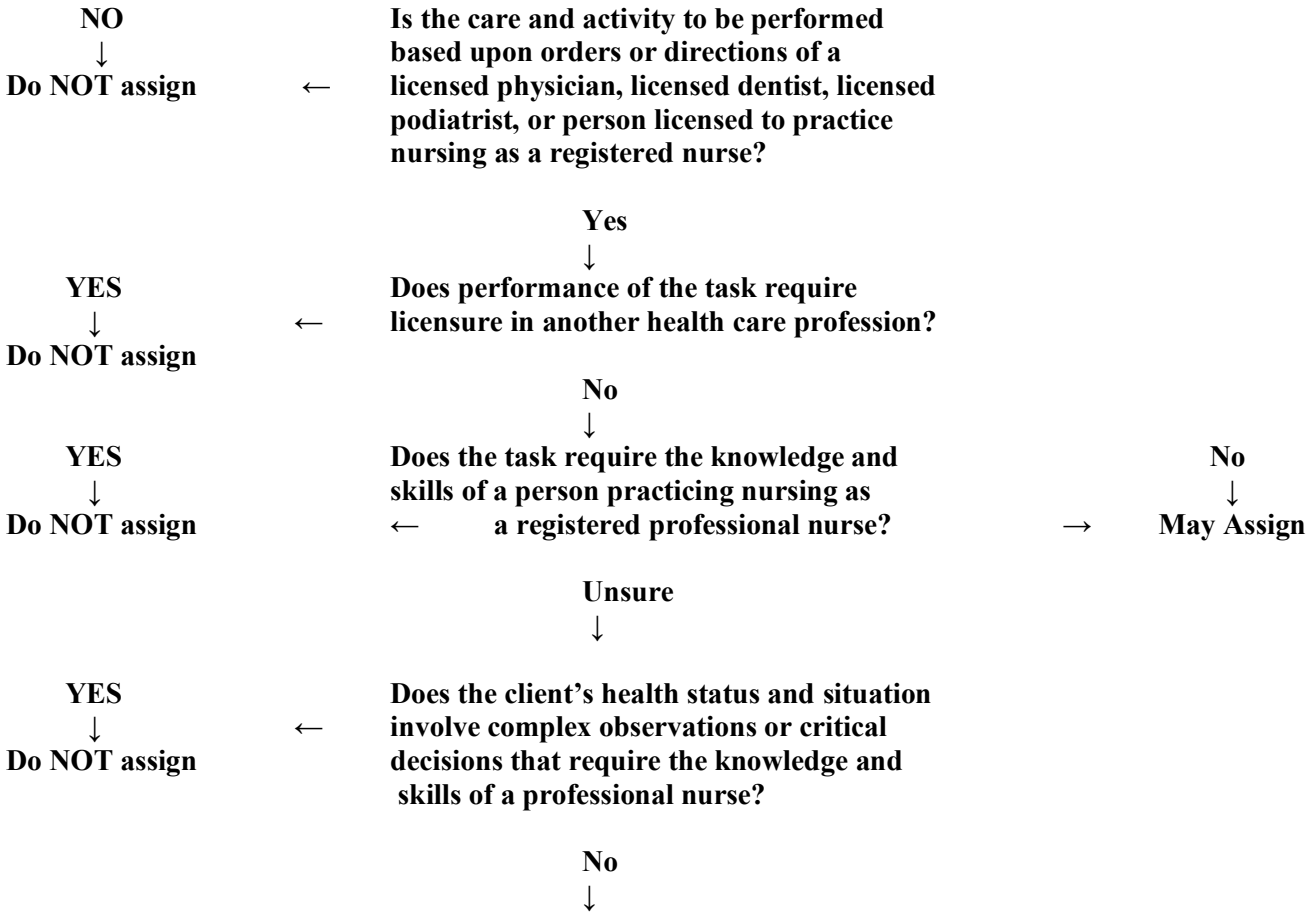
D. The member and aide initial each service date verifying specific tasks performed and the total time spent with the member.

E. The member and aide sign their names in the designated areas.

F. 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 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 -	Task Performed Time spent Not Applicable

Notes	
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 ☐

Member Name _____ Member Signature _____

A. Caregiver Eligibility and Responsibilities

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

ii. The Primary caregiver is related to the CCSP or SOURCE member as described in 905 of the CCSP and SOURCE General Services Manual. Relative Type

_____

iii. 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.

iv. 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.

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

vi. The Primary caregiver cannot receive disability benefits (i.e SSI, VA, etc.)

vii. Must obtain and maintain active CPR and First Aid certification. This applies to caregivers hired on or after October 1, 2025.

viii. 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.

ix. 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:

1. Supervision or assistance in performing ADLs;

2. Supervision or assistance in performing IADLs;

3. Protective supervision provided solely to assure the health and welfare of a recipient

4. Supervision or assistance with health-related tasks;

5. Supervision or assistance while escorting/accompanying the member outside of the home to perform tasks, including IADLs, health maintenance or other needs Personal Support Services as identified in the care plan and to provide the same supervision or assistance as would be rendered in the home; and

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

*Member affirms that the designated family caregiver lives with them and will perform all aspects of care. Member confirms the accuracy of the information provided. If any information has been reported as false or misleading, this may be viewed as Medicaid fraud and will result in the recoupment of Medicaid funds, referral to

Office of Inspector General, and termination from the EDWP program.

*If the member is unable to sign attestation form, the rep cannot be the same as paid caregiver.

Member/Designated Rep's Printed Name _____

Member/Designated Rep's Signature _____

*Caregiver affirms the accuracy of the information provided in this document in entirety

*Stipend will be rendered to the paid caregiver once EDWP Medicaid is approved, brokering is finalized, background check completed, admission papers finalized by SFC provider with a 'good to go' is given by SFC agency. Request for any retro payment will be denied by DCH and case management. Only situations where a member's Medicaid becomes inactive; the paid caregiver may receive retro payment.

SFC Caregiver Printed Name _____

Relative Type _____

SFC 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, PART II – 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 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.**

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.