

# KDADS STANDARD POLICY

<b>Policy Name:</b> Personal Care Services and Limitations	<b>Policy Number:</b> TBD
<b>Division:</b> Home and Community Based Services (HCBS)	<b>Date Established:</b> 8/1/2015
<b>Applicability:</b> All HCBS Programs (Excluding SED)	<b>Date Last Revised:</b> 1/22/2016
<b>Contact:</b> HCBS Programs	<b>Date Effective:</b> 2/1/2016
<b>Policy Location:</b> <a href="https://www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)/hcbs-policies">https://www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)/hcbs-policies</a>	<b>Date Posted:</b>
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## Purpose

This policy defines Personal Care Services (PCS) and specific limitations to PCS related to conflict of interest, legally responsible persons, capable person, and health maintenance activities. This policy replaces the “Capable Person Policy” set forth in a 2003 Policy Memorandum and the spousal exception policy in the Field Service Manual 3.4.

## Summary

This policy is designed to provide clarification of the regulations and limitations for reimbursement of personal care services (PCS) for all Home and Community Based Services (HCBS) waiver populations. The term PCS has been standardized across the HCBS waiver populations and shall replace all previous terms for this service and/or worker. Previous terms being replaced include Personal Services, Personal Care Attendant, Personal Assistant Services, Attendant Worker, Direct Services Worker, Supportive Home Care, and Attendant Care Services. For a complete description of personal care services, please visit the appropriate program waiver application available at [https://www.kdads.ks.gov/commissions/csp/home-community-based-services-\(hcbs\)/hcbs-program-renewal-information](https://www.kdads.ks.gov/commissions/csp/home-community-based-services-(hcbs)/hcbs-program-renewal-information).

## ENTITIES AFFECTED BY THIS POLICY

- Participants self-directing PCS
- HCBS Providers providing agency-directed PCS
- Managed Care Organizations (MCOs)

## Policy

### I. General

- A. PCS is designed to assist elderly and disabled participants in their home and community settings that comply with the HCBS Settings Final Rule. PCS focuses on assistance with Activities of Daily Living (ADLs) such as bathing, grooming, toileting, transferring, and eating and Instrumental Activities of Daily Living (IADL) such as shopping, laundry, housekeeping, and meal preparation.
  1. PCS services are authorized, provided and reimbursed based on the assessed needs of the participant. The participant’s needs are assessed by the selected Managed Care Organization (MCO) and identified on the Integrated Service (ISP). The ISP must document the participant’s authorized service in hours/units and the participant’s selected provider.

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2. A participant may receive PCS services in the participant’s place of employment if the participant requires a need for assistance in the work environment. The participant’s need for assistance in a work environment must be noted in the ISP. PCS services provided in a work environment cannot be duplicative of other waiver services such as supported employment or day supports.
- B. Participants authorized for PCS services have the option to agency-direct or self-direct their authorized services as provided for in each waiver.
1. Agency-directed and self-directing participants employing PCS workers shall comply with all applicable state and federal employment laws;
  2. If available, a participant, a parent, or legal guardian may elect to self-direct PCS.
    - a. Self-directing participants employing PCS workers are subject to the same quality assurance standards as other PCS providers including, but not limited to, completion of the tasks identified on the ISP; and
    - b. For self-direct PCS for the TA Program, the HCBS TA Waiver PCS Training Checklist must be completed prior to providing PCS.
  3. If a participant or legal guardian no longer wants to self-direct his or her PCS, the participant or legal guardian shall have the option to transition to agency-directed PCS without penalty. Conversely, if a participant or legal guardian no longer wants agency-directed PCS and has not been determined unable to self-direct his or her services, the participant or legal guardian shall have the option to transition to self-directed PCS, authorized in accordance with this policy.
- C. For minor participants under the age of 18, it is the parents’ responsibility to complete the required parent fee documentation and, if a parent fee is determined to be required by the state, the parent(s) shall share the cost of services for the minor participant.
- D. The names of the following services are now referred to as personal care services but they maintain the same billing code and rate identified for each HCBS Program:

<b>HCBS Program</b>	<b>Service Name</b>
a. Frail Elderly	Attendant Care Level I Attendant Care Level II Attendant Care Level III Attendant Care (Self-Direct)
b. Intellectual/Developmental Disabilities	Supportive Home Care (SHC) Personal Assistant Services (PAS)
c. Physical Disability	Personal Services/Agency-Directed Personal Services/Self-Directed
d. Technology Assisted	LCCA – PSA
e. Traumatic Brain Injury	Personal Services/Agency-Directed Personal Services/Self-Directed

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## II. General Limitations to PCS

- A. Up to twelve (12) hours of PCS can be provided for every twenty-four (24) hour day and reimbursed based on the assessed needs of the participant.
1. Agency-directed and self-directed PCS may be combined to meet the participant's needs, but the total combination of PCS hours shall not exceed 12 hours per 24-hour period.
    - a. Requests for accommodation to exceed the service limit are subject to MCO authorization and shall not exceed an additional 6 hours of PCS. Any exception to the PCS service limit must be identified by the MCO and is subject to MCO authorization.
    - b. Any accommodation requests must meet one or more of the following criteria:
      - a) The additional request for PCS is critical to the remediation of the participant's law enforcement or DCF confirmed abuse, neglect, exploitation, or domestic violence issue.
      - b) The additional request for PCS is critical to the participant's ability to remain in the community, to address an imminent risk and to prevent admission to institution.
      - c) The request for additional time for PCS is a necessary support in order for the participant to remain in the community within the first three months of his/her return to the community from a stay in excess of 90 days in an institution.
    - c. Participants who have an assessed need for more than six hours in addition to the 12 hours of PCS, and the needs cannot be met by another other HCBS service such as personal emergency response services, may have Enhanced Care Services (ECS) authorized in conjunction with PCS. Refer to the Enhanced Care Services policy for more information.
- B. The combination of PCS, ECS and other HCBS Program services shall not exceed a total of 24 hours of service within a 24-hour period. PCS paid for by the HCBS Program is limited to the number of hours/units authorized on the ISP.
- C. The cost of transportation is included in PCS. Non-emergency medical transportation is not covered as part of PCS, but if medically necessary, it may be covered through regular Medicaid and authorized by the KanCare MCO.
- D. Limitations on Reimbursement for PCS
1. PCS shall not be reimbursed for any period of time that a participant is admitted to an inpatient or residential hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities or institution for mental disease.
  2. PCS shall not be reimbursed while a participant is in an institution for a temporary stay.

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3. PCS can be authorized while a participant lives in an assisted living facility (ALF) but the participant cannot self-direct PCS in an ALF.

E. Non-duplication of PCS with other HCBS services

1. PCS shall not be authorized for times when a participant is in residential or day supports as authorized on the ISP.
2. PCS shall not be authorized if a person has authorization for both residential and day supports on the ISP.
3. PCS services may be authorized for the purpose of meal preparation by the MCO based on assessed needs.
  - a. Authorization for meal preparation cannot duplicate similar services authorized through HCBS (such as home-delivered meals) or any other funding source (such as Older Americans Act), if available.
  - b. If PCS is authorized for meal preparation, the participant may not also have home meal delivery authorized for the same timeframe. If a participant is authorized for other services for meals, then meal preparation will not be authorized for the same timeframe.
4. If the participant is accessing medication reminder services, PCS shall not be authorized for medication management.
5. When an individual elects hospice care, PCS services shall not duplicate services provided under hospice. Concurrent care is subject to approval and review by the MCO and must not be duplicative.

F. In compliance with federal requirements to ensure health, safety and welfare and prevent fraud, waste and abuse, PCS workers for both agency-directed and self-directed employers shall use AuthentiCare® Kansas for electronic visit verification.

G. The PCS worker is responsible for supporting the participant in accessing medical services and completing normal daily ADL and IADL activities.

1. No more than one HCBS provider shall be paid for providing services at any given time of the day.
  - a. A PCS worker shall not be paid for services when another HCBS Program service is being provided at the same time.
  - b. The only exception is when justification for a two-person lift or transfer is documented on the ISP or as necessary to meet health and welfare needs of the participant.
2. A PCS worker shall not work or be paid for working for more than one HCBS participant at the same time on the same day.

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3. PCS workers shall not provide and be paid for providing more than one HCBS service at the same time on the same day.
- H. A participant’s spouse, parent of a minor child, guardian, conservator, person authorized as an activated Durable Power of Attorney (A-DPOA) for health care decisions, or an individual acting on behalf of a participant shall not be paid to provide PCS for the participant except as authorized according to this policy.
1. A legally responsible person (participant’s spouse or participant’s parent if the participant is a minor child) is not permitted to provide PCS unless an exception has been authorized and documented by the MCO in the ISP.
  2. A guardian, conservator or A-DPOA is not permitted to provide PCS unless conflict of interest has been mitigated in accordance with this policy and the Conflict of Interest policy.
  3. For the frail elderly program, a participant’s relative who is an employee of an assisted living facility, residential health care facility, or home plus in which the participant resides and the relative’s relationship is within the second degree of the participant may be paid to provide supports through their employer.
  4. If the designation of the appointed representative (guardian, conservator, A-DPOA for health care or an individual acting on behalf of the participant) is withdrawn, the individual may become the participant’s paid PCS worker after the next annual review or a significant change in the participant’s needs occurs prompting a reassessment.
- I. A participant shall not be provided PCS for activities or tasks that in-home family or informal support would normally provide to the participant or the household, unless there are extenuating circumstances as identified within this policy.
1. An individual who meets the capable person definition may be approved to provide PCS if the IADL activity or task exceeds what the person would normally perform for the household. For example, PCS may be authorized if an individual must prepare a specialized diet due to dietary needs of the participant.
  2. The selected MCO may also authorize PCS if the family member or informal support refuses to complete IADL tasks for the participant informally. In this situation, the family member or informal support shall not be paid for PCS.
- J. PCS is not a default level of care for technology dependent and medically fragile children served on this program. This service should only be accessed when the participant is medically stable and the level of care needs can be fully met by the PCS.
1. PCS needs shall be determined using the MATLOC instrument and risk assessment, with limits to this service established by KDADS.

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2. The care coordinator is responsible for assessing the level of need to determine if the participant’s medical needs can be fully met under PCS services. The care coordinator shall take into consideration the assurance of the participant’s health and welfare needs prior to authorizing PCS service.
3. Exceptions to exceed the service limits as determined by the MATLOC and risk assessment instrument are subject to the approval of KanCare MCOs.

K. Based on the participant’s HCBS Program, respite care services are available to Medicaid participants who have a family member who serves as the primary caregiver who is not paid to provide any HCBS program service for the participant. Medical respite care services cannot be provided by PCS based on provider qualification requirements.

L. PCS shall not be provided in a school setting and shall not be used for education, as a substitute for educationally related services, or for transition services as outlined in the participant’s Individualized Education Plan (IEP).

### III. Exception to Limitations

#### A. Conflict of Interest Policy

1. A conflict of interest exists when the person responsible for developing the ISP to address functional needs is also a legal guardian, durable power of attorney (DPOA) or Designated Representative and that person is also a paid caregiver for the individual. Federal regulations prohibit the individual who directs services from also being a paid caregiver or financially benefitting from the services provided to an individual (42 CFR 441.505, as amended).
2. A guardian or individual authorized as an A-DPOA may be paid to provide supports if the potential conflict of interest is mitigated.
3. Refer to the KDADS Conflict of Interest Policy for additional information regarding appointing a designated representative. The MCO is responsible for collecting required documentation that the conflict of interest has been mitigated, and FMS providers are required to maintain a copy of the documentation in the participant’s file.

#### B. Legally Responsible Individual

1. A legally responsible person (spouse or parent of a minor child) shall not be paid to provide PCS or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of an HCBS Program participant. However, a legally responsible individual may be paid to provide services under extraordinary care provisions as described below.
2. Neither an adult participant’s spouse nor a minor participant’s parents shall be paid to provide HCBS services to that participant unless all other possible options are exhausted and at least one

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of the following extraordinary care criteria are met:

- a. The MCO shall furnish written documentation that the participant's residence is so remote or rural that HCBS services are otherwise completely unavailable.
- b. Two health care professionals, including the attending physician, furnish written documentation that the participant's health, safety, or social well-being would be jeopardized.
- c. The attending physician furnishes written documentation that, due to the advancement of chronic disease, the participant's means of communication can be understood only by the spouse or by the parent of a minor child.
- d. Three HCBS providers provide written documentation that delivery of HCBS services to the participant poses serious health or safety issues for the provider, thereby rendering HCBS services otherwise unavailable.

### C. Capable Person

1. General Restriction: A capable person living in the home of the participant with whom he or she has a significant relationship shall not be paid to provide PCS or similar services for IADLs that the person would ordinarily perform or be responsible to perform.
  - a. A participant who has access to the informal supports of a capable person shall not have PCS authorized for IADL on their ISP. No time shall be allowed on the ISP for the following tasks:
    - (1) Shopping
    - (2) Housekeeping
    - (3) Laundry
    - (4) Meal Preparation
    - (5) Medication Setup, Cuing & Reminding
  - b. Any individual on a HCBS waiver program who needs assistance with IADL tasks and lives with a person with whom they have a significant relationship and who is capable (excluding minor children) of performing the IADL tasks, is expected to rely on the informal supports for this assistance.
2. Exceptions: The General Restriction may not apply with respect to a particular IADL if the existence of one of the following conditions is documented:
  - a. General Rule:
    - (1) The capable person, who is able or who had previously been providing informal supports for a particular IADL, cannot or not continue to provide the informal support.

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- (2) If the capable person with whom the participant lives refuses to perform any of the above tasks, and this is documented in writing in the participant's file, the HCBS waiver programs shall pay for PCS specific to the participant's needs, but no capable person shall be reimbursed to perform these tasks.
- (3) The refusal to perform the IADL task(s) shall be documented in writing, signed by the capable person and identified on the ISP.

b. Exception for Housekeeping and Laundry Only:

- (1) The capable person is one who lives at the same physical address as the member, but cannot complete housekeeping and laundry tasks in conjunction with the housekeeping and laundry tasks already performed by the capable person because the member has documented incontinence issues creating excessive laundry and requiring excessive housekeeping.
- (2) PCS shall only be authorized for the participant's areas and laundry based on the participant's assessed need.

c. Exception for Meal Preparation Only:

- (1) The capable person is one who lives at the same physical address as the member or has a significant relationship with the member, but cannot complete meal preparation because they are not in the home during meal time or the member's meals are so different from that of the capable person's due to a medically prescribed diet that the meals require entirely different preparation.
- (2) This exception does not apply to simple differences in ingredients, preparing the same meal slightly different to meet the participant's dietary restrictions or dicing and pureeing food for the participant. Dietary restrictions shall be ordered by a physician and may be considered by the MCO when completing a needs assessment and developing the ISP.

3. If one of the above-listed exceptions is applicable and is authorized by the MCO, the capable person may be paid to provide the specific supports identified under the exception. MCOs shall maintain documentation in the individual's file that the exception criteria were met to demonstrate a need for formal support of IADL tasks.
4. The participant may request agency-directed services or may choose to self-direct a PCS worker, who is not a capable person, for such service(s).

D. Health Maintenance Activities

1. In accordance with the Healing Arts Act and the Nurse Practice Act, Health Maintenance Activities can only be performed by a licensed physician or nurse.



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- a. Nursing assistance can be provided without delegation or supervision if provided for free by friends or members of the participant’s family (informal supports), as incidental care of the ill participant by a domestic servant, or in the case of an emergency.
  - b. Nursing assistance can be provided as part of PCS directed by a participant, or on behalf of a participant in need of in home care, when the nursing procedure has been delegated via a written physician/RN statement to a participant who the physician or nurse knows or has reason to know is competent to perform those activities.
  - c. If authorized on the participant’s ISP, a licensed physician or nurse shall provide a written delegation for the following health maintenance activities:
    - (1) Monitoring vital signs
    - (2) Supervision and/or training of nursing procedures
    - (3) Ostomy care
    - (4) Catheter care
    - (5) Enteral nutrition
    - (6) Wound care
    - (7) Range of motion
    - (8) Reporting changes in functions or condition
    - (9) Medication administration and assistance
2. For agency-directed PCS workers:
- a. An attendant who is a certified home health aide or a certified nurse aide shall not perform any health maintenance activities without delegation and supervision by a licensed nurse or physician pursuant to K.S.A. 65-1165.
  - b. A certified home health aide or certified nurse aide shall not perform acts beyond the scope of their curriculum without delegation by a licensed nurse.
  - c. An agency shall maintain documentation of delegation by a licensed physician or nurse not employed by the agency. Agencies are responsible for ensuring appropriate supervision of delegated health maintenance activities.
  - d. Failing to properly supervise, direct or delegate acts that constitute the healing arts to persons who perform professional services pursuant to such licensee’s direction, supervision, order, referral, delegation or practice protocols could result in discipline by the Board of Healing Arts.
3. For self-directing participants:
- a. A participant who chooses to self-direct care is not required to have the PCS supervised by a nurse or physician to perform health maintenance activities if:
    - (1) Health maintenance activities can be provided without direct supervision “. . . if such activities in the opinion of the attending physician or licensed professional

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nurse may be performed by the individual if the individual were physically capable, and the procedure may be safely performed in the home.” K.S.A. 65-6201(d); and

(2) Health maintenance activities and medication administration and assistance are authorized, in writing, by a physician or licensed professional nurse.

b. The participant’s failure to properly supervise or direct health maintenance activities delegated to the participant by a physician or licensed professional nurse could result in the termination of self-direction for those activities.

#### 4. Medication Administration and Assistance

##### a. Provided in a Licensed Facilities

- (1) Any resident may self-administer and manage medications independently or by using a medication container or syringe prefilled by a licensed nurse or pharmacist or by a family member or friend providing this service gratuitously, if a licensed nurse has performed an assessment and determined that the resident can perform this function safely and accurately without staff assistance.
- (2) Any resident who self-administers medication may select some medications to be administered by a licensed nurse or medication aide. The negotiated service agreement shall reflect this service and identify who is responsible for the administration and management of selected medications.
- (3) If a facility is responsible for the administration of a resident’s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider’s written order, professional standards of practice, and each manufacturer’s recommendations.

##### b. Provided in a Private Residence

- (1) A KDHE Licensed or Medicare Certified Home Health Agency can provide nursing delegation to aides with sufficient training. The nurse delegation and training shall be specific to the particular participant and their health needs. The qualified nurse retains overall responsibility.
- (2) Medicare Certified Home Health Agencies and state Licensed Home Health Agencies may perform medication administration and assistance in accordance with their license.
- (3) Self-directing participants employing PCS workers who have a written physician’s or registered nurse’s statement to delegate health maintenance activities, including medication administration and assistance, is responsible to

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supervise PCS workers and train them to administrate medication according to the physician's orders.

#### IV. Termination/Closure

1. Consistent with the HCBS Criterion for Notification of Service Status and other applicable KDADS's policies, the MCO shall provide appropriate notice to the participant regarding the status of services, including whether notification to the State could result in termination of services or HCBS Program eligibility.
2. A participant's option to self-direct his/her services may be terminated to protect the participant from abuse, neglect or exploitation or to mitigate the impact of potential Medicaid fraud, waste and abuse.
3. To allow sufficient time for the KanCare MCO to assess the participant's needs and update the ISP, any time the participant chooses to discontinue the self-direction option, the participant shall provide at least ten (10) days' notice to the KanCare MCO chosen by the participant, and to the FMS provider.
4. When an involuntary termination occurs, the MCO shall apply safeguards to assure the participant's health and welfare remains intact and shall ensure continuity of care by offering the participant or family a choice of alternative services, if applicable. If the participant chooses the alternative services, the MCO shall coordinate services according to the individual's assessed health and safety needs.
5. At any time the participant's services are changed or terminated, the KanCare MCO shall assess the participant's need and determine if other service options are needed or available, provide the participant with a choice of services and providers, if applicable, and ensure the participant receives appropriate services for assessed needs. The ISP shall include person-centered planning and documentation or information related to the transition from self-directed services to agency-directed services to ensure the participant's health and welfare needs are met during the transition.
6. The MCO shall issue a written Notice of Action with appeal rights to the participant for any decrease in or termination of services identified on the ISP. Any action or adverse determination resulting in the termination, suspension, or reduction of Medicaid eligibility or covered services shall require that Notices of Action be provided in accordance with 42 CFR Part 431, Subpart E. The MCO shall also notify any providers identified in the ISP of any changes or terminations, including the effective date of the termination.

#### V. Documentation and Quality Assurance

- A. Authorization for exceptions to limitations identified in this policy shall be documented on the ISP and documentation of the applicability of an exception shall be maintained in the individual's MCO file.

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- B. To ensure appropriate payment for services a copy of the ISP or other documentation indicating that an exception is authorized shall be provided to the FMS provider or added to KS AuthentiCare®.

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## Authority

### Application for 1915(c) HCBS Waiver – Appendix C: Personal Care

- KS.0224.R05.00 (IDD) – effective July 1, 2014
- KS.0304.R04.00 (PD) – effective January 1, 2015
- KS.4164.R05.00 (TBI) – effective July 1, 2014
- KS.0303.R04.00 (FE) – effective January 1, 2015
- KS.0476.R02.00 (Autism) – effective January 1, 2016
- KS.4165.R05.01 (TA) – effective January 1, 2014

### Federal Authority

- 42 CFR §441.301(c) (4) (5): HCBS Setting Final Rule
- 42 CFR §441.12, §440.167 – Personal Care Services
- 42 CFR §435.602 – Legally Responsible Individuals for determining Medicaid eligibility
- State Medicaid Manual §4442.3B.1 – Legally Responsible Relatives
- IRM 1.25.1.2.2 – Limited Practice Based on Relationship to the Taxpayer: Family Member
- Instructions, Technical Guide and Review Criteria for version 3.5 of the Application for a 1915(c) Home and Community-Based Waiver, released January 2015

### State Authority

- K.S.A. 39-7,100 – Home and Community Based Services Program
- K.S.A. 65-5115 – Home Health Aide Requirements
- 2015 Senate bill No. 112 at Sec. 108 (n) — Parent Fee Program
- K.S.A. 65-1124(I) – Self-Direction and Physician’s/RN Delegation
- K.S.A. 65-2837(b)(14), (26), (30) – Supervision of Delegated Activities
- K.S.A. 65-6201 – Individuals in Need of In-Home Care
- K.S.A. 65-28,127 Physician’s Delegation
- K.A.R. 28-51-113 – Home Health Aide Training
- K.A.R. 26-41-101 – Assisted Living/Residential Health Care (ALF/RHC) Facilities
- K.A.R. 26-42-101 – Homes Plus
- K.A.R. 30-5-300 – Definitions
- K.A.R. 30-5-307 – Family Reimbursement
- K.A.R. 30-5-308 – Non-Supplementation of HCBS
- K.A.R. 26-41-101(h) – Spousal Exception

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## Definitions

1. Activities of Daily Living (ADL): basic functional activities necessary on a daily basis to allow an individual to live in a safe and healthy environment. Examples of these activities include bathing,

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dressings, grooming, toileting, maintaining continence, eating, mobility, and transferring (such as moving from a bed to wheelchair).

2. Capable Person: A capable person is a person who lives at the same physical address as the member, who has significant relationship with the member, or who is willing and able to provide informal supports in Instrumental Activities of Daily Living. A capable person can include, but is not limited to, a spouse, parent, child, significant other, friend, roommate, or a member of a church or community group.
3. Extraordinary Care – exceeds the ordinary care that would be provided to a person without a disability of the same age as determined by the State within reasonable limits that preserve participant choice and control and takes into consideration supports that would be provided informally or by a third party.
4. Health Maintenance Activities – nursing assistance or performing of a nursing procedure defined as the practice of healing arts, including monitoring vital signs, supervision and/or training of nursing procedures, ostomy care, catheter care, enteral nutrition, wound care, range of motion, reporting changes in functions or condition, and medication administration and assistance. Health Maintenance Activities shall be performed by a licensed physician or nurse or shall be delegated and supervised by a licensed physician or nurse to an individual who is competent and capable of performing the activities.
5. Home - a location in which a participant makes his or her residence that cannot be defined as institutional in nature. For HCBS, the home and community settings of the participant must comply with the HCBS Setting Final Rule. See HCBS Setting Final Rule Transition Plan for more information.
6. Informal Support- any person who provides some services or support without compensation from an HCBS Program. An informal support may include a legally responsible person, immediate family member, or capable person who lives in the same home as the participant or within the same community as the participant.
7. Immediate Family Members - As defined by IRS, a spouse, child, parent, grandparent, brother, sister, grandchild, stepparent, stepchild, stepbrother or stepsister of the individual.
8. Instrumental Activities of Daily Living (IADL) - Activities necessary on an indirect basis, not directly related to functional skills, to ensure that the individual can continue to live in a safe and healthy environment. Examples of these activities include but are not limited to meal preparation, shopping, laundry, housekeeping, money management, and medication management.
9. Integrated Service Plan (ISP) - This term replaces the term “plan of care” that details the services a participant needs and wants and the provision of these services. The managed care organization's care coordinator develops the ISP with the participant and the participant’s support team.
10. Legally Responsible Person: A legally responsible person shall not be paid to provide PCS. 42 Code of Federal Regulations (CFR) §440.167 prohibits federal financial participation (FFP) for payments to legally responsible individuals for the provision of State plan PCS. This prohibition is based on the presumption that legally responsible individuals may not be paid for supports that they are ordinarily obligated to provide. Generally, payment may not be made to a legally responsible individual for the provision of personal care or similar services that the legally responsible individual would ordinarily perform or be responsible to perform on behalf of a waiver participant. However, a legally responsible

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individual (typically parent of a minor child or a spouse) may be paid to provide services under extraordinary care provisions.

11. Parent Fee – a fee assessed to the family is based on the parents’ income according to a sliding scale for a child on an HCBS Program. Established through a legislative proviso, the Parent Fee Program was created for all HCBS waiver programs to increase shared responsibility for the payment of waiver services. Families who are determined to have the financial means to pay a portion of the cost of services provided to their minor children are assigned a parent fee.
12. Participant- person determined to be eligible for Medicaid-funded home and community-based waiver services.
13. Self-direction- participants exercise employer authority over some or all of the home and community-based services they need to live in their community and accept the responsibility for taking a direct role in managing these services. Within the participant-directed model and Kansas state law, participants employ direct workers and “make decisions about and direct the provisions of services which include, but not limited to selecting, training, managing, paying and dismissing of a direct service worker.” (K.S.A. 39-7,100)
14. Significant relationship - A significant relationship is defined as a person whose close relationship with an individual affects that individual's behavior and attitudes. A significant person is usually a family member, spouse, child, employer, coworker, or friend.

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## Contact Information

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**HCBS Programs**  
**503 S. Kansas Ave**  
**Topeka, Kansas 66603**

**Email:** HCBS-ks@kdads.ks.gov  
**Phone:** 785-296-4986  
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## Related Information

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**Conflict of Interest Policy** - <https://www.kdads.ks.gov/docs/default-source/CSP/HCBS/HCBS-Policies/kansas-hcbs-conflict-of-interest-policy---6-15-15.pdf?sfvrsn=2>

**KDADS website – HCBS Programs** - <https://www.kdads.ks.gov/commissions/csp>