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26. Personal care services

a. Eligibility for services.
Persons must living in their own home, Adult Family Home, family foster home, or assisted living facility.

b. Persons must be determined to be categorically needy and have three ADL needs requiring minimal assistance or one ADL need requiring more than minimal assistance. Personal care services means physical or verbal assistance with activities of daily living (ADL) and instrumental activities of daily living (IADL) due to functional limitations. ADL assistance means physical or verbal assistance with bathing, turning and repositioning, body care, dressing, eating, mobility, medication assistance, toileting, transfer, personal hygiene, nurse delegated tasks, and self-directed treatment. IADL assistance is incidental to the provision of ADL assistance and includes ordinary housework, laundry, essential shopping, wood supply (if wood is the primary source of heat) and transportation assistance.

c. Persons receiving personal care from an Individual Provider employed by the Consumer Directed Employer have co-employer authority including selecting, dismissing, scheduling and supervising providers.

d. Services are provided by these provider types:
- State-licensed agencies providing personal care services, consisting of licensed home-care agencies and licensed adult residential care providers who are contracted with the Department. Home health agencies providing personal care services do not require Medicare certification;
- State-licensed adult residential care providers; and
- Consumer Directed Employer of Individual providers who have a valid Washington business license, demonstrated financial stability, five years' experience in healthcare or social service, meet staffing requirements, have a commitment to consumer choice and self-direction and are contracted with the Department. The CDE will ensure that individual providers who provide personal care:
  - Clear background checks as required by state law;
  - Complete training and certification as required under state law; and
  - Complete continuing education credits as stipulated in state law in order to continue to provide personal care services.

The transition to the CDE will not impact the assessment process. Participants will not lose eligibility, services, or receive a reduction in services as a result of the transition to a CDE provider. Although the state will constrict the CDE provider pool with a 1915(b)(4) waiver of free choice of providers, participants will still be able to select their Individual Providers from a pool of any willing and qualified providers and continue to receive services in at least the same amount, duration, and scope. The state will not be reducing the rates of personal care services. Individual Providers will continue to receive at least the same rates as prior to the enactment of the CDE.

Individual providers of the CDE may not work more than the provider's assigned work week limit. This limitation does not affect the participant's total hours of service and may necessitate the use of more than one provider.

f. For individuals under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r) subject to determination of medical necessity and prior authorization by the Medicaid Agency.

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Community First Choice State Plan Option

**I. Service Delivery Models**

__X__ Agency Model - The Agency Model is based on the person-centered assessment of need. The Agency Model is a delivery method in which the services and supports are provided by entities under a contract.

_____ Self-Directed Model with service budget – This Model is one in which the individual has both a service plan and service budget based on the person-centered assessment of need.

____ Direct Cash
____ Vouchers
____ Financial Management Services in accordance with 42 CFR 441.545(b)(1).

_____ Other Service Delivery Model as described below:

**II. Use of Direct Cash Payments**

The State elects not to disburse cash prospectively to CFC participants.

**III. Service Package**

**a. The following are included CFC services including service limitations:**

**i. Assistance with ADLs, IADLs and health-related tasks through hands-on assistance, supervision, and/or cueing:**

1. **Personal Care Services:** Personal care services means hands-on assistance, supervision, and/or cueing with activities of daily living (ADL), instrumental activities of daily living (IADL), and health-related tasks due to functional limitations. ADLs include: bathing, bed mobility, body care, dressing, eating, locomotion, medication management, toilet use, transfers, and personal hygiene. IADL assistance is incidental to the provision of ADL assistance and includes: meal preparation, ordinary housework, essential shopping, ensuring wood supply when wood is the primary source of heat, and travel to medical services. Health-related tasks are tasks related to the needs of an individual which can be delegated or assigned by licensed health care professionals under state law to be performed by an attendant.

   The provision of assistance with ADLs, IADLs, and health-related tasks can be provided concurrently with skills acquisition training.

   Participants are offered a choice of residential-based care or in-home care provided by a home care agency provider or by an individual provider employed by the Consumer Directed Employer (CDE). Participants receiving personal care from an individual provider employed by the CDE have employer authority including selecting, dismissing, scheduling, and supervising providers. The participant determines the schedule and

1. Security deposits that are required to obtain a lease on an apartment or home, including first month's rent;
2. Essential household furnishings required to occupy and use a community domicile, including, but not limited to, furniture, window coverings, food preparation items, and bath/linen supplies;
3. Set-up fees or deposits for utilities and/or service access, including telephone, electricity, heating, water, and garbage;
4. Services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy;
5. Moving expenses; and
6. Activities to assess need, arrange for, and procure needed resources.

Community Transition Services may not exceed $850.00 per occurrence with no limitations on number of transitions in any given time frame. This limit may be exceeded based on medical necessity.

**V. Qualifications of Providers of CFC Services**

a. All personal care providers are required to complete Basic training. The number of hours for Basic training varies depending on the current credentials of the provider, the relationship of the provider to the participant, and how many hours the provider works. Unless exempt by state rule, all personal care providers must obtain certification as a Home Care Aide. The Basic training covers basic skills and information needed to provide hands-on personal care, and may also include population-specific training if the provider is trained to meet the needs of a specific population. Once training is complete, unless exempt by state rule, the provider must take and pass a written and a skills examination through the Washington State Department of Health to become certified as a Home Care Aide.

b. Residential and non-residential settings in this program comply with federal HCB Settings requirements at 42 CFR 441.530 and associated CMS guidance. The State will provide comprehensive initial and ongoing training for all ALF and AFH providers on HCB setting rules and regulations. Additional HCB setting training will be provided periodically to individual ALF and AFH providers when needed.

i. **Personal Care, Relief Care, and Nursing Providers:**
*Consumer Directed Employer of Individual Providers:* Must have a valid Washington business license, demonstrate financial stability, have five years' experience in healthcare or social service, meet staffing requirements, have a commitment to consumer choice and self-direction, and be contracted with the Department before being paid to provide personal care services. The CDE will ensure that individual providers who provide personal care:
   a. Clear background checks as required by state law;
   b. Complete training and certification as required under state law; and
   c. Complete continuing education credits as stipulated in state law in order to continue to provide personal care services.

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The transition to the CDE will not impact the assessment process. Participants will not lose eligibility, services, or receive a reduction in services as a result of the transition to a CDE provider. Although the state will constrict the CDE provider pool with a 1915(b)(4) waiver of free choice of providers, participants will still be able to select their Individual Providers from a pool of any willing and qualified providers and continue to receive services in at least the same amount, duration, and scope. The state will not be reducing the rates of personal care services. Individual Providers will continue to receive at least the same rates as prior to the enactment of the CDE.

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POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN (cont.)

XV. Personal Care Services

State-developed fee schedule rates are the same for both governmental and private providers of the same service. See 419-B.I, General, for the agency's website where the fee schedules are published.

A. Payment for services

Services are provided by these provider types:

- State-licensed agencies providing personal care services, consisting of licensed home-care agencies. Home health agencies providing personal care services do not require Medicare certification.
- Adult residential care providers who are licensed by Department of Social and Health Services (DSHS) according to DSHS Revised Code of Washington (RCW) and Washington Administrative Code (WAC) as follows:
  - Assisted Living Facilities – chapter 18.20 RCW and chapter 388-78A WAC. Must be licensed as an assisted living facility. Care givers must be at least 18 years of age, have cleared initial background checks as required by state law and remain free of disqualifying crimes or negative actions, complete training requirements outlined in chapter 388-112A WAC and be authorized to work in the United States.
  - Adult family home – chapter 70.128 RCW and chapter 388-76 WAC. Must be licensed as an adult family home. Provider/resident manager must be at least 21 years of age and have a high school diploma or general education development certificate. Care givers must be at least 18 years of age. Provider/resident manager and care givers must clear initial background checks as required by state law and remain free of disqualifying crimes and/or negative actions, maintain current CPR and first aid certificate, complete training requirements outlined in chapter 388-112A WAC, and be authorized to work in the United States.
- Individual providers of personal care employed by the Consumer Directed Employer (CDE). The CDE must certify individual providers:
  - Are age 18 or older;
  - Are authorized to work in the United States;
  - Have cleared the initial state background checks and remain free of disqualifying crimes and/or negative actions; and
  - Complete training and certification requirements outlined in chapter 388-71 WAC

Payment for services provided by agency and individual providers employed by the CDE are reimbursed at an hourly unit rate, and payment for residential-based services is reimbursed at a daily rate. All providers will submit claims in the state MMIS system for personal care services.

No payment is made for services beyond the scope of the program or hours of service exceeding the Medicaid Agency's authorization. Payments to residential providers are for personal care services only, and do not include room and board services that are provided. Payment is made only for the services described in Attachment 3.1-A, section 26

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XV. Personal Care Services (cont)

B. Service Rates

State-developed fee schedule rates are the same for both governmental and private providers of the same service. The fee schedule is published at https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All_HCS_Rates.xls. The fee schedule was set as of July 1, 2021, to be effective for dates of service on and after July 1, 2021.

1. The rate paid to the CDE for providing personal care services by individual providers is an hourly rate which covers the individual provider service hour and employer functions performed by the CDE, which include hiring and qualification verification, payroll activities, call center support, employee visit verification system, and other legally required employer functions. The hourly rate is determined by a rate setting board and is subject to approval by the State legislature. The rate for personal care services provided by individual providers through the CDE consists of wages, industrial insurance, paid time off, mileage reimbursement, comprehensive medical, training, seniority pay, training-based differentials, and a retirement plan.

2. The rate paid to home care agencies for providing personal care is an hourly rate that consists of home care worker compensation, benefits, and taxes, as defined in state parity law, and an additional amount for employer functions performed by the agency.

3. The rate paid to assisted living facilities for providing personal care is based on a per day rate. Each participant is assigned to a classification group based on the State's assessment of their personal care needs. The daily rate varies depending on the individual's classification group. The rates are based on components for provider staff, operations, and capital costs. The rate paid to residential providers does not include room and board.

4. The rate paid to an adult family home for providing personal care is based on a per day rate and is determined by the State legislature, based on negotiations between the Governor's Office and the union representing Adult Family Homes.

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POLICY AND METHODS USED IN ESTABLISHING PAYMENT RATES FOR EACH OF THE OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT IS INCLUDED IN THE PROGRAM UNDER THE PLAN

XXI. First Choice State Plan Option

State-developed fee schedule rates are the same for both governmental and private providers of the same service. The fee schedule is published at:
https://www.dshs.wa.gov/sites/default/files/ALTSA/msd/documents/All_HCS_Rates.xls.
Rates for Personal Care and Nurse Delegation provided under 1915(k) are the same as the payment rates for Personal Care and Nurse Delegation services listed in Attachment 4.19-B, XV Personal Care Services. Rates for Nurse Delegators provided under 1915(k) are the same as the payment rates for Nurse Delegators under Attachment 4.19-B, XV Personal Care Services. Payment rates for 1915(k) services will be updated whenever the fee schedule is updated on the corresponding State Plan page under the existing Personal Care Services benefit.

A. PERSONAL CARE

Personal care service providers:

1. Individual providers employed by the Consumer Directed Employer (CDE)
2. State-licensed home-care agencies
3. Residential service providers which include:
   a. Assisted living providers
   b. Adult family homes

Personal care service provider rates:

1. Individual providers employed by the CDE
   The rate paid to the CDE for providing personal care by individual providers is an hourly rate which covers the individual provider service hours and employer functions performed by the CDE, which include hiring and qualification verification, payroll activities, call center support, employee visit verification system, and other legally required employer functions. The hourly rate is determined by a rate setting board and is subject to approval by the State legislature. The rate for personal care services provided by individual providers through the CDE consists of wages, industrial insurance, paid time off, mileage reimbursement, comprehensive medical, training, seniority pay, training-based differentials, and a retirement plan.

2. State-licensed home-care agencies
   The rate paid to home care agencies for providing personal care is an hourly rate that consists of home care worker compensation, benefits, and taxes, as defined in state parity law, and an additional amount for employer functions performed by the agency.

3. Residential service providers
   The rate paid to adult family homes and assisted living facilities for providing personal care is paid at a daily rate. Each participant is assigned to a classification group based on the State's assessment of their personal care needs. The daily rate varies depending on the individual's classification group. Rates are based on wages, benefits, and administrative expenses.

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XXI. First Choice State Plan Option (cont)

B. SKILLS ACQUISITION TRAINING

Skills acquisition training service providers:

1. Individual providers of personal care employed by the CDE
   The CDE is reimbursed an hourly rate which covers the individual provider service hours and employer functions, which include hiring and qualification verification, payroll activities, call center support, employee visit verification system, and other legally required employer functions. The hourly rate is determined by a rate setting board and is subject to approval by the state legislature. The rate for personal care services provided by individual providers through the CDE consists of wages, industrial insurance, vacation pay, mileage reimbursement, comprehensive medical, training, seniority pay, training-based differentials, and a retirement plan.

2. State-licensed home-care agencies
   Home care agencies are reimbursed an hourly rate that consists of home care worker compensation, benefits, and taxes, as defined in state parity law, and an additional amount for employer functions performed by the agency.

3. State–certified supported living agencies who are recruited and at the local level by Area Agencies on Aging, and Department field offices. Agencies are paid an hourly rate that must be within the range published by the Department where applicable and shall not be higher than, 1) the prevailing charges in the locality for comparable services under comparable circumstances; or 2) the rates charged by the contractor for comparable services funded under other sources.

4. Home Health Agencies
   Home Health Agencies are reimbursed per-visit for services provided by acute nursing staff, physical therapy, occupational therapy, speech, hearing and language disorders therapy staff, and home health aides.

   Reimbursement rates are determined using a historical base for the per-visit rates by profession, using the Medicare Metropolitan Statistical Area fees. Each year the State updates those per-visit rates using the state's annually published vendor rate adjustment factor.

   The Medicaid agency pays the lesser of the usual and customary charge or a fee based on a Medicaid agency fee schedule for these services.

   Rates for Home Health Agencies paid to provide skill acquisition services will be the same as those paid under attachment 4.19 B page 19 of the Plan. Except as otherwise noted in the Plan, payment for these services is based on state-developed fee schedule rates, which are the same for both governmental and private providers of Home Health.

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XXI. First Choice State Plan Option (cont)

All rates, including current and prior rates, are published and maintained on the agency's website. Payment rates for 1915(k) services will be updated whenever the fee schedule is updated on the corresponding State Plan page under the Home Health benefit.

The State will reimburse up to $550.00 per fiscal year in costs for Skills Acquisition training alone or in combination with Assistive Technology.

C. BACK-UP SYSTEMS

Backup System service providers include:

1. Individual providers of personal care employed by the CDE. The CDE is reimbursed an hourly rate for individual provider services and employer functions, which include hiring and qualification verification, payroll activities, call center support, employee visit verification system, and other legally required employer functions. The hourly rate is determined by a rate setting board and is subject to approval by the State legislature. The rate for personal care services provided by individual providers through the CDE consists of wages, industrial insurance, vacation pay, mileage reimbursement, comprehensive medical, training, seniority pay, training-based differentials, and a retirement plan.

2. State-licensed home-care agencies are paid an hourly rate that consists of home care worker compensation, benefits, and taxes as defined in state parity law, and an additional amount for employer functions performed by the agency.

3. Personal Emergency Response vendors are paid a one- time rate for initial equipment and set up and are then paid a monthly service charge. Rates must be within the ranges published by the Department where applicable and shall not be higher than, 1) the prevailing charges in the locality for comparable services under comparable circumstances; or 2) the rates charged by the contractor for comparable services funded under other sources.

D. VOLUNTARY TRAINING ON HOW TO SELECT MANAGE AND DISMISS ATTENDANTS (Caregiver Management)

Peer Support Specialist and Community Choice Guides are reimbursed on an hourly rate The Department pays a rate negotiated with the providers. Payment cannot exceed, 1) the prevailing charges for comparable services in the locality under comparable circumstances; or 2) the rates charged by the contractor for comparable services funded by other sources.