



State of New Mexico Human Services Department Human Services Register



I. DEPARTMENT

NEW MEXICO HUMAN SERVICES DEPARTMENT

II. SUBJECT

PERSONAL CARE OPTION (PCO) SERVICES

III. PROGRAM AFFECTED

(TITLE XIX) MEDICAID

IV. ACTION

PROPOSED REGULATIONS

V. BACKGROUND SUMMARY

The Human Services Department (HSD), Medical Assistance Division (MAD or Medicaid), is proposing amendments to regulations 8.315.4 NMAC, *Personal Care Option Services*. The following is a summary of the proposed changes:

1. Changing the reference of the Income Support Division (ISD) 379 Medical Assessment form to a MAD form.
2. Adding a requirement for a current history & physical (H&P) at each level of care (LOC) determination or annual redetermination. Current is defined as having been completed within twelve (12) months of the assessment date;
3. Allowing an existing Nursing Facility (NF) LOC determination from another NF requiring LOC program to transfer to PCO LOC eligibility for any new PCO applicant (i.e. current NF LOC from a Home and Community-Based Services (HCBS) waiver or institutional care facility Medicaid);
4. Clarifying covered services by consolidating ten (10) PCO services into six (6) main categories: (1) Hygiene/Grooming; (2) Individual Bowel and Bladder; (3) Meal Preparation and Assistance; (4) Eating; (5) Household and Support Services; and (6) Supportive Mobility Assistance.

Physician prescribed skin care is built into the Hygiene/Grooming task.

Instrumental Activities of Daily Living (IADLs) were combined into one category called,

Household and Support Services. All the household cleaning, laundry, shopping, feeding service animals and errands were combined into this PCO service. In addition, cleaning and minor maintenance of assistive devices (i.e. wheelchair and medical equipment) is built into this category.

Mobility assistance is built into each of the six (6) PCO tasks. A new category was added called Special Mobility Assistance. This task provides for physical or verbal prompting and cueing limited to individuals without assistive device(s) that require additional mobility assistance, not covered with other PCO services including:

1. Ambulation - moving around inside or outside the residence or consumer's living area;
 2. Transferring - moving to/from one location/position to another;
 3. Repositioning - turning or moving an individual to another position who is bed bound to prevent skin breakdown.
5. In response to the consolidation of PCO tasks, the MAD 055 PCO Service Guide was amended.
 6. Clarifying that a prior authorization (PA) must be sent to the PCO agency and that the authorization cannot extend beyond the LOC authorization period.
 7. Clarifying that a PCO consumer who disagrees with the authorized number of hours may utilize the CoLTS MCO grievance and appeal process when enrolled in CoLTS and the State's fair hearing process pursuant to 8.352.2 NMAC, *Recipient Hearings, consecutively or concurrently*. In addition, an MCO may consider authorizing additional time based on the consumer's medical and clinical need(s) *and related to the consumer's risk of institutionalization*.
 8. Aligning State regulations with federal Code of Federal Regulations, 42 CFR 438.420 Continuation of benefits, while the MCO appeal and the State fair hearing are pending. This includes clarification of the assessments and authorization of service periods.
 9. Clarifying that the consumer may be responsible for repayment of the cost of the services furnished while a State fair hearing was pending, to the extent that the services were furnished solely because of this requirement for continuation during the State fair hearing process. The State for FFS or the MCO for CoLTS may recover these costs from the member per federal regulation.

VI. REGULATIONS

These proposed regulation changes refer to 8.315.4 NMAC of the MAD Program Policy Manual. The register is available on the MAD website at www.hsd.state.nm.us/mad/registers/2011. The amended rules are attached to the register. If you do not have Internet access, a copy of the regulations may be requested by contacting MAD at 827-3156.

VII. EFFECTIVE DATE

The Department proposes to implement these regulations effective July 1, 2011.

VIII. PUBLIC HEARING

A public hearing to receive testimony on these proposed regulations will be held at 10:00 a.m. on Monday, May 16, 2011, in the ASD conference room of Plaza San Miguel, 729 St. Michael's Drive, Santa Fe.

If you are a person with a disability and you require this information in an alternative format or require a special accommodation to participate in the public hearing, please contact the Division toll free at 1-888-997-2583 and ask for extension 7-3156. In Santa Fe call 827-3156. The Department's TDD system may be accessed toll-free at 1-800-659-8331 or in Santa Fe by calling 827-3184. The Department requests at least ten (10) days advance notice to provide requested alternative formats and special accommodations.

Copies of all comments will be made available by MAD upon request by providing copies directly to a requestor or by making them available on the MAD website or at a location within the county of the requestor.

IX. ADDRESS

Interested persons may address written or recorded comments to:

Sidonie Squier, Secretary
Human Services Department
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

These comments must be received no later than 5:00 p.m. on May 16, 2011. Written and recorded comments will be given the same consideration as oral comments made at the public hearing. Interested persons may also address comments via electronic mail to: Magdalena.Romero@state.nm.us.

X. PUBLICATION

Publication of these regulations approved by:

SIDONIE SQUIER, SECRETARY
HUMAN SERVICES DEPARTMENT

TITLE 8 SOCIAL SERVICES
CHAPTER 315 OTHER LONG TERM CARE SERVICES
PART 4 PERSONAL CARE OPTION SERVICES

8.315.4.9 PERSONAL CARE OPTION SERVICES: Personal care option (PCO) services have been established by the New Mexico human services department (HSD), medical assistance division (MAD or medicaid) to assist individuals 21 years of age or older who are eligible for full medicaid coverage and meet the nursing facility (NF) level of care (LOC) criteria, see, *long term care services utilization review instructions for nursing facilities* which is attached to this part of the NMAC as attachment II. These regulations describe PCO services for consumers who are unable to perform at least two activities of daily living (ADLs) because of disability or functional limitation and need assistance with certain ADLs and instrumental activities of daily living (IADLs) as described in attachment I to this part of the NMAC.

A. A third-party assessor (TPA) determines medical LOC for PCO eligibility upon initial application and at least annually thereafter. Medicaid-eligible individuals may contact the TPA or the managed care organization (MCO) for coordinated long-term care services (CoLTS) (if applicable) to apply for PCO services.

B. The goals of PCO services are to avoid institutionalization and to maintain the individual's functional level and independence. ~~[PCO services are not provided 24 hours a day.]~~ Although an individual's assessment for the amount and types of services may vary, PCO services are not provided 24 hours a day.

C. PCO is a medicaid service, not a medicaid category of assistance, and services under this option are delivered pursuant to an IPoC. PCO services include a range of ADL and IADL services to consumers who are unable to perform at least two ADLs because of ~~[a]~~ disability or ~~[a]~~ functional limitation(s). Consumers will be assessed for services at least annually, or more frequently, as appropriate. PCO services will not include those services for tasks the individual is already receiving from other sources including tasks provided by natural supports. Natural supports are friends, family, and the community (through individuals, clubs and organizations) that are able and consistently available to provide supports and services to the consumer. The assessment for services is performed by the TPA for fee-for-service (FFS) or the MCO for CoLTS. The PCO service assessment will determine the amount and type of services needed to supplement the services a consumer is already receiving including those services provided by natural supports. PCO services must be related to the individual's impairment rating as indicated in the PCO service assessment ~~[personal care options]~~ PCO service guide, MAD 055, ~~which is~~ The MAD 055 is attached to this part of the NMAC as attachment I.

[8.315.4.9 NMAC - Rp, 8.315.4.9 NMAC, 12-30-10; A, 7-1-11]

8.315.4.11 CONSUMER'S RESPONSIBILITIES: Consumers receiving PCO services have certain responsibilities depending on the service delivery model they choose.

A. The consumer's or consumer's legal representative's responsibilities under the **consumer-delegated model** include:

(1) verifying that services have been rendered by signing accurate time sheets/logs being submitted to the PCO agency for payroll;

(2) taking the medical assessment form ~~[(HSD 379)]~~ (MAD 379) once a year to his/her physician (a physician's assistant, nurse practitioner or clinical nurse specialist may also sign the ~~[HSD 379]~~ MAD 379 in the place of a physician for PCO services only) for completion and submitting the completed form and a current history and physical (H&P) completed within 12 months of the assessment date to the TPA for FFS or the MCO for CoLTS for review by the TPA; this must be done as required prior to ~~[his/her LOC expiring]~~ the expiration of the LOC to ensure that there will be no break in services; a consumer who does not submit a timely ~~[HSD 379]~~ MAD 379 and current H&P to the TPA for FFS or the MCO for CoLTS to forward to the TPA, may experience a break in services; in addition, the consumer must allow the TPA and the MCO for CoLTS, as applicable, to complete assessment visits and other contacts necessary to avoid a break in services;

(3) participating in the development and review of the IPoC;

(4) maintain proof of current vehicle insurance (as mandated by the laws of the state of New Mexico) if the attendant will transport the consumer in the consumer's vehicle for support services that have been allocated to the consumer; and

(5) complying with all medicaid rules, regulations, and PCO service requirements; failure to comply could result in discontinuation of PCO services.

B. The consumer's or the consumer's legal representative's responsibilities under the **consumer-directed model** include:

(1) interviewing, hiring, training, terminating and scheduling personal care attendants; this includes, but is not limited to:

(a) verifying that the attendant possesses a current and valid state driver's license if there are any driving-related activities listed on the IPoC; a copy of the current driver's license must be maintained in the attendant's personnel file at all times; if no driving-related activities are listed on the IPoC, a copy of a valid state ID is kept in the attendant's personnel file at all times;

(b) verifying that the attendant has proof of current liability vehicle insurance if the consumer is to be transported in the attendant's vehicle at any time; a copy of the current proof of insurance must be maintained in the attendant's personnel file at all times; and

(c) identifying training needs; this includes training his/her own attendant(s) or arranging for training for the attendant(s);

(2) developing a list of attendants who can be contacted when an unforeseen event occurs that prevents the consumer's regularly scheduled attendant from providing services; making arrangements with attendants to ensure coverage and notifying the agency when arrangements are changed;

(3) verifying that services have been rendered by completing, dating, signing and submitting documentation to the agency for payroll; a consumer or his/her legal representative is responsible for ensuring the submission of accurate timesheets/logs; payment shall not be issued without appropriate documentation;

(4) notifying the agency, within one working day, of the date of hire or the date of termination of his/her attendant and ensure that all relevant employment paperwork and other applicable paperwork is completed and submitted; this may include, but is not limited to: employment application, verification from the employee abuse registry, criminal history screening, doctor's release to work (when applicable), photo identification, proof of eligibility to work in the United States (when applicable), copy of a state driver's license and proof of insurance (as appropriate);

(5) notifying and submitting a report of an incident (as described in Paragraph (14), Subsection B of 8.315.4.12 NMAC) to the PCO agency within 24 hours of such incident, so that the PCO agency can submit an incident report on behalf of the consumer; the consumer or his/her legal representative is responsible for completing the incident report;

(6) ensuring that the individual selected for hire has submitted to a request for a nationwide caregiver criminal history screening, pursuant to 7.1.9 NMAC and in accordance with NMSA 1978, Section 29-17-2 et seq. of the Caregivers Criminal History Screening Act, within 20-calendar days of the individual beginning employment; the consumer must work with the selected agency to complete all paperwork required for submitting the nationwide caregiver criminal history screening; the consumer may conditionally (temporarily) employ the individual contingent upon the receipt of written notice that the individual has submitted to a nationwide caregiver criminal history screening; a consumer may not continue employing an attendant who does not successfully pass a nationwide criminal history screening;

(7) obtaining from the attendant a signed agreement, in which the attendant agrees that he/she will not provide PCO services while under the influence of drugs or alcohol and, therefore, acknowledges that if he/she is under the influence of drugs or alcohol while providing PCO services he/she will be immediately terminated and a copy of the signed agreement must be given to the PCO agency;

(8) ensuring that if the attendant is the consumer's legal representative and is the individual selected for hire, prior approval has been obtained from medicaid or its designee; any PCO services provided by the consumer's legal representative *MUST* be justified, in writing, by the PCO agency and consumer and submitted for approval to medicaid or its designee prior to employment; the justification must demonstrate the lack of other qualified attendants in the applicable area and indicate how timesheets will be verified to ensure services were provided; documentation of written approval by medicaid or its designee must be maintained in the consumer's file; the consumer is responsible for immediately informing the agency if the consumer has appointed or obtained a legal representative any time during the plan year;

(9) signing an agreement accepting responsibility for all aspects of care and training including mandatory training in cardiopulmonary resuscitation (CPR) and first aid for all attendants, competency testing, tuberculosis (TB) testing, hepatitis B immunizations or waiving the provision of such training and accepting the consequences of such a waiver;

(10) verifying initially prior to employment, and annually thereafter, that attendants are not on the employee abuse registry by researching the Consolidated Online Registry (COR) pursuant to 8.11.6 NMAC and in accordance with the Employee Abuse Registry Act, NMSA, Section 27-7A-1 et seq.;

(11) taking the medical assessment form [~~ISD 379~~] (MAD 379) or successor document once a year to his/her physician (physician's assistant, nurse practitioner or clinical nurse specialist) for completion and

submitting the completed form and current H&P to the TPA or MCO for CoLTS, as applicable, for review; this must be done at least 60 days prior to ~~[his/her LOC expiring]~~ the expiration of the LOC to ensure that there will be no break in services; a consumer who does not submit a timely ~~[HSD 379]~~ MAD 379 and current H&P may experience a break in service; in addition, the consumer must allow the TPA and the MCO for CoLTS, as applicable, to complete assessment visits and other contacts necessary to avoid a break in services;

(12) participating in the development and review of the IPoC;

(13) maintain proof of current vehicle insurance (as mandated by the laws of the state of New Mexico) if the attendant will transport the consumer in the consumer's vehicle for support services that have been allocated to the consumer;

(14) a consumer that authorizes services when he/she does not have a currently approved LOC or IPoC is liable for payment of those services, that are not eligible for medicaid reimbursement; and

(15) complying with all medicaid rules, regulations, and PCO service requirements; failure to comply could result in discontinuation of PCO services.

C. Consumers may have a personal representative assist him/her giving instruction to the personal care attendant or provide information to the TPA or MCO during assessments of the consumer's natural supports and service needs. A personal representative is not the same as a legal representative, but may be the same person, as appropriate. A personal care representative must have the following qualifications: be at least 18 years of age, have a personal relationship with the consumer and understand the consumer's natural supports and service support needs, and know the consumer's daily schedule and routine (to include medications, medical and functional status, likes and dislikes, strengths and weaknesses). A personal representative does not make decisions for the consumer unless he/she is also a legal representative, but may assist the consumer in communicating, as appropriate. A personal representative may not be a personal care attendant, unless he/she is also the legal representative and has obtained written approval from MAD or its designee pursuant to these PCO regulations. A person's status as a personal representative must be properly documented with the PCO agency.
[8.315.4.11 NMAC - Rp, 8.315.4.11 NMAC, 12-30-10; A, 7-1-11]

8.315.4.12 ELIGIBLE PCO AGENCIES: PCO agencies electing to participate in providing PCO services must obtain certification and have various responsibilities for complying with the requirements for provision of PCO services.

A. **PCO agency certification:** A PCO agency providing either the consumer-directed, the consumer-delegated or both models, must adhere to the requirements of this section. PCO agencies must be certified by medicaid or its designee. An agency listing, by county, is maintained by medicaid or its designee. All certified PCO agencies are required to select a county in which to establish and maintain an official office for conducting of business with published phone number and hours of operation; the PCO agency must provide services in all areas of the county in which the main office is located. The PCO agency may elect to serve any county within 100 miles of the main office. The PCO agency may elect to establish branch office(s) within 100 miles of the main office. The PCO agency must provide PCO services to all areas of any county(ies) selected to provide services. To be certified by medicaid or its designee, agencies must meet the following conditions and submit a packet (contents of paragraphs one through six described below) for approval to medicaid's fiscal agent or its designee containing the following:

(1) a completed medicaid provider participation agreement (PPA also known as the MAD 335);

(2) copies of successfully passed nationwide caregivers criminal history screenings on employees who meet the definition of "caregiver" and "care provider" pursuant to 7.1.9 NMAC and in accordance with NMSA 1978, Section 29-17-2 et seq., of the Caregivers Criminal History Screening Act;

(3) a copy of a current and valid business license or documentation of non-profit status; if certified, a copy of the business license or documentation of non-profit status must be kept current and submitted annually;

(4) proof of liability and workers' compensation insurance; if certified, proof of liability and workers' compensation insurance must be submitted annually;

(5) a copy of written policies and procedures that address:

(a) medicaid's PCO provider rules and regulations;

(b) personnel policies; and

(c) office requirements that include but are not limited to:

(i) contact information, mailing address, physical location if different from mailing address, and hours of operation for the main office and branch offices if any; selected counties for the area(s) of service;

(ii) meeting all Americans with Disabilities Act (ADA) requirements; and

(iii) if PCO agencies have branch offices, the branch office must have a qualified on-site administrator to handle day-to-day operations who receives direction and supervision from the main/central office;

(d) quality improvement to ensure adequate and effective operation, including documentation of quarterly activity that addresses, but is not limited to:

- (i) service delivery;
- (ii) operational activities;
- (iii) quality improvement action plan; and
- (iv) documentation of quality improvement activities;

(e) agency operations to furnish services either as a consumer-directed or as a consumer-delegated, or both;

(6) a copy of a current and valid home health license, issued by the department of health, division of health improvement, licensing and certification (pursuant to 7.28.2 NMAC) may be submitted in lieu of requirements Paragraph (3) and Subparagraphs (b) and (d) of Paragraph (5) above; if certified, a copy of a current and valid home health license must be submitted annually along with proof of liability and workers' compensation insurance;

(7) if the agency requests approval to provide the consumer-delegated model of service, a copy of the agency's written competency test for attendants approved by medicaid or its designee; an agency may select to purchase a competency test or it may develop its own test; the test must address at least the following:

- (a) communication skills;
- (b) patient/client rights, including respect for cultural diversity;
- (c) recording of information for patient/client records;
- (d) nutrition and meal preparation;
- (e) housekeeping skills;
- (f) care of the ill and disabled, including the special needs populations;
- (g) emergency response (including CPR and first aid);
- (h) universal precautions and basic infection control;
- (i) home safety including oxygen and fire safety;
- (j) incident management and reporting; and
- (k) confidentiality;

(8) after the packet is received, reviewed, and approved in writing by medicaid or its designee, the agency will be contacted to complete the rest of the certification process; this will require the agency to:

(a) attend a mandatory medicaid or its designee's provider training session prior to the delivery of PCO services; and

(b) possess a letter from medicaid or its designee changing provider status from "pending" to "active";

(9) an agency will not be certified as a personal care agency if:

(a) it is owned in full or in part by a professional authorized to complete the medical assessment form [~~HSD 379~~] MAD 379 or other similar assessment tool subsequently approved by medicaid under PCO or the agency would have any other actual or potential conflict of interest; or

(b) the agency is authorized to carry out PCO TPA responsibilities, such as in-home assessments, or the agency would have any other actual or potential conflict of interest; and

(c) a conflict of interest is presumed between people who are related within the third degree of blood or consanguinity or when there is a financial relationship between:

(i) persons who are related within the third degree of consanguinity (by blood) or affinity (by marriage) including a person's spouse, children, parents (first degree by blood); siblings, half-siblings, grandchildren or grandparents (second degree by blood and uncles, aunts, nephews, nieces, great grandparents, and great grandchildren (third degree by blood); stepmother, stepfather, mother-in-law, father-in-law (first degree by marriage); stepbrother, stepsister, brothers-in-law, sisters-in-law, step grandchildren, grandparents (second degree by marriage); step uncles, step aunts, step nephews, step nieces, step great grandparents, step great grandchildren (third degree by marriage);

(ii) persons or entities with an ongoing financial relationship with each other including a personal care provider whose principals have a financial interest in an entity or financial relationship with a person who is authorized to complete an [~~HSD 379~~] MAD 379 or other similar assessment tool or authorized to carry out any of the TPA's responsibilities; a financial relationship is presumed between spouses.

B. Approved PCO agency responsibilities: A personal care agency electing to provide PCO services under either the consumer-directed model or the consumer-delegated model, or both, is responsible for:

- (1) furnishing services to medicaid consumers that comply with all specified medicaid participation requirements outlined in 8.302.1 NMAC, *General Provider Policies*;
- (2) verifying every month that all consumers are eligible for full medicaid coverage and PCO services prior to furnishing services pursuant to Subsection A of 8.302.1.11 NMAC, *provider responsibilities and requirements*; PCO agencies must document the date and method of eligibility verification; possession of a medicaid card does not guarantee a consumer's financial eligibility because the card itself does not include financial eligibility, dates or other limitations on the consumer's financial eligibility; PCO agencies must notify consumers who are not financially eligible that he/she cannot authorize employment for his/her attendant(s) until financial eligibility is resumed; PCO agencies and consumers cannot bill medicaid or its designee for PCO services rendered to the consumer if he/she is not eligible for PCO services;
- (3) maintaining appropriate recordkeeping of services provided and fiscal accountability as required by the PPA;
- (4) maintaining records, as required by the PPA and as outlined in 8.302.1 NMAC, *General Provider Policies*, that are sufficient to fully disclose the extent and nature of the services furnished to the consumers;
- (5) passing random and targeted audits, conducted by medicaid or its designee, that ensure agencies are billing appropriately for services rendered; medicaid or its designee will seek recoupment of funds from agencies when audits show inappropriate billing or inappropriate documentation for services;
- (6) providing either the consumer-directed or the consumer-delegated models, or both models;
- (7) furnishing their consumers, upon request, with information regarding each model; if the consumer chooses a model that an agency does not offer, the agency must refer the consumer to medicaid or medicaid's designee for a list of agencies that offer that model; the TPA for FFS or the MCO for CoLTS is responsible for explaining each model in detail to consumers on an annual basis;
- (8) ensuring that each consumer receiving PCO services has a current, approved IPoC on file;
- (9) performing the necessary nationwide caregiver criminal history screening, pursuant to 7.1.9 NMAC and in accordance with NMSA 1978, Section 29-17-2 et seq. of the Caregivers Criminal History Screening Act, on all potential personal care attendants; nationwide caregiver criminal history screenings must be performed by an agency certified to conduct such checks; the agency, along with the consumer, as applicable ensures the paperwork is submitted within the first 20-calendar days of hire; consumers under the consumer-directed model or agencies under the consumer-delegated model may conditionally (temporarily) employ an attendant until such check has been returned from the certified agency; if the attendant does not successfully pass the nationwide caregiver criminal history screening, the agency under consumer-delegated or the consumer under consumer-directed may not continue to employ the attendant;
- (10) producing reports or documentation as required by medicaid or its designee;
- (11) verifying that consumers will not be receiving services through the following programs while they are receiving PCO services: medicaid home and community-based services (HCBS) waivers with the exception of the CoLTS (c) HCBS waiver, also known as the disabled and elderly (D&E) HCBS waiver, medicaid certified NF, intermediate care facility/mentally retarded (ICF/MR), program of all-inclusive care for the elderly (PACE), or adult protective services (APS) attendant care program; an individual residing in a NF or ICF/MR or receiving a non-qualifying HCBS waiver is eligible to apply for PCO services; recipients of community transition goods or services may also receive PCO services; all individuals must meet the medicaid and LOC eligibility requirements to receive PCO services; the TPA, medicaid, or its designee must conduct an assessment or evaluation to determine if the transfer is appropriate and if PCO services would be able to meet the needs of that individual;
- (12) processing all claims for PCO services in accordance with the billing specifications from medicaid for FFS or the MCO for CoLTS, as appropriate; payment shall not be issued without appropriate documentation;
- (13) making a referral to an appropriate social service, legal, or state agency, or the MCO for CoLTS for assistance, if the agency questions whether the consumer is able to direct his/her own care or is non-compliant with medicaid rules and regulations;
- (14) immediately reporting abuse, neglect or exploitation pursuant to NMSA 1978, Section 27-7-30 and in accordance with the Adult Protective Services Act, by fax, within 24 hours of the incident being reported to the agency; reportable incidents may include but are not limited to abuse, neglect and exploitation as defined below:
 - (a) abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish to a consumer;
 - (b) neglect is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness to a consumer;

(c) exploitation is defined as the deliberate misplacement or wrongful, temporary or permanent use of a consumer's belongings or money without the voluntary and informed consent of the consumer;

(15) submitting written incident reports to medicaid or its designee, and the MCO for CoLTS consumers, on behalf of the consumer, within 24 hours of the incident being reported to the PCO agency; the PCO agency must provide the consumer with an appropriate form for completion; reportable incidents may include, but are not limited to:

(a) death of the consumer:

(i) unexpected death is defined as any death of an individual caused by an accident, or an unknown or unanticipated cause;

(ii) natural/expected death is defined as any death of an individual caused by a long-term illness, a diagnosed chronic medical condition, or other natural/expected conditions resulting in death;

(b) other reportable incidents:

(i) environmental hazard is defined as an unsafe condition that creates an immediate threat to life or health of a consumer;

(ii) law enforcement intervention is defined as the arrest or detention of a person by a law enforcement agency, involvement of law enforcement in an incident or event, or placement of a person in a correctional facility;

(iii) emergency services refers to admission to a hospital or psychiatric facility or the provision of emergency services that results in medical care that is not anticipated for this consumer and that would not routinely be provided by a primary care provider;

(iv) any reports made to APS;

(16) informing the consumer and his/her attendant of the responsibilities of the agency;

(17) develop an IPoC based on the assessment, services authorization, task list, and consideration of natural supports provided by the TPA for FFS or MCO for CoLTS;

(18) provide an informed consent form to consumers if the agency chooses not to provide transportation services as part of support services;

(19) identifying a consumer with an improved or declining health condition or whose needs have changed (i.e. more or less natural supports) and believe the consumer is in need of more or fewer services should send written notification to the TPA for an LOC determination and the TPA for FFS or MCO for CoLTS for additional assessment of need of services;

(20) except for the CoLTS (c) HCBS waiver, agencies who are providing PCO services to a consumer who becomes eligible for a non-CoLTS (c) HCBS waiver must coordinate with the consumer's service coordinator to ensure that the consumer does not experience a break in service or that services do not overlap; coordination must include the effective date PCO services are to stop and non-CoLTS (c) HCBS waiver services are to begin;

(21) maintaining documentation in the consumer's file regarding legal and personal representatives, as applicable; and

(22) cooperating with the TPA or MCO in locating and assisting the consumer with submitting the necessary paperwork for an LOC determination.

C. **For agencies providing PCO services under the consumer-directed model**, the responsibilities include:

(1) providing services through an agency with choice model or as a fiscal employer agent, and complying with all applicable state and federal employment laws as applicable to the provision of such services;

(a) agency with choice, in which the agency is the legal employer of the personal care attendant and the consumer is the managing employer and the agency maintains at least quarterly in-person contact with the consumer, or

(b) fiscal employer agent (FEA) in which the consumer is the legal employer of record and the managing employer; and the agency maintains at least quarterly in person contact with the consumer;

(2) obtaining from the consumer or his/her legal representative a signed agreement with the attendant in which the attendant agrees that he/she will not provide PCO services while under the influence of drugs or alcohol and acknowledges that if he/she is under the influence of drugs or alcohol while providing PCO services he/she will be immediately terminated; the agency must maintain a copy of the signed agreement in the attendant's personnel file, for the consumer;

(3) obtaining a signed agreement from each consumer accepting responsibility for all aspects of care and training including mandatory training in CPR and first aid for all attendants, competency testing, TB testing, hepatitis B immunizations or a waiver of providing such training and accepting the consequences thereof, and

supervisory visits are not included in the consumer-directed option; a copy of the signed agreement must be maintained in the consumer's file;

(4) verifying that if the consumer has selected the consumer's legal representative as the attendant, the consumer has obtained prior approval from medicaid or its designee; any personal care services provided by the consumer's legal representative *MUST* be justified, in writing, by the agency and consumer and submitted for approval to medicaid or its designee prior to employment; the justification must demonstrate the lack of other qualified attendants in the applicable area and indicate how timesheets will be verified to ensure that services were provided; documentation of written approval by medicaid or its designee must be maintained in the consumer's file; the agency must inform the consumer that if the consumer is appointed or selects a legal representative any time during the plan year, the consumer must notify the agency immediately and the agency must ensure appropriate documentation is maintained in the consumer's file;

(5) establishing and explaining to the consumer the necessary payroll documentation needed for reimbursement of PCO services, such as time sheets/logs and tax forms;

(6) performing payroll activities for the attendants, such as, but not limited to, state and federal income tax, social security withholdings and make payroll liability payments as required;

(7) arranging for state of New Mexico unemployment coverage and workers' compensation insurance for all attendants;

(8) informing the consumer of available resources for necessary training, if requested by the consumer, in the following areas: hiring, recruiting, training, supervision of attendants, advertising, and interviewing techniques;

(9) making a referral to an appropriate social service agency, legal agency(s) or medicaid designee for assistance, if the agency questions whether the consumer is able to direct his/her own care; and

(10) maintaining a consumer file and an attendant personnel file for the consumer for a minimum of six years.

D. For agencies providing PCO services under the consumer-delegated model, the responsibilities include, but are not limited to the following:

(1) employing, terminating and scheduling qualified attendants;

(2) conducting or arranging for training of all attendants for a minimum of 12-hours per year; initial training must be completed within the first three months of employment and must encompass:

(a) an overview of PCO services;

(b) living with a disability or chronic illness in the community;

(c) CPR and first aid training; and

(d) a written competency test with a minimum passing score of 80 percent or better; expenses for all trainings are to be incurred by the agency; other trainings may take place throughout the year as determined by the agency; the agency must maintain in the attendant's file: copies of all trainings, certifications, and specialty training the attendant completed; CPR and first aid certifications must be kept current;

(e) documentation of all training must include at least the following information: name of individual taking training, title of the training, source of instruction, number of hours of instruction, and date instruction was given;

(f) documentation of competency testing must include at least the following: name of individual being evaluated for competency, date and method used to determine competency, and copy of the attendant's graded and passed competency test in the attendant's personnel file; special accommodations must be made for attendants who are not able to read or write or who speak/read/write a language other than English;

(3) developing and maintaining a procedure to ensure trained and qualified attendants are available as backup for regularly scheduled attendants and emergency situations; complete instructions regarding the consumer's care and a list of attendant duties and responsibilities must be available in each consumer's home;

(4) informing the attendant of the risks of hepatitis B infection per current department of health (DOH) recommendation or the center for disease control and prevention (CDC), as appropriate, and offering hepatitis B immunization at the time of employment at no cost to the attendant; attendants are not considered to be at risk for hepatitis B since only non-medical services are performed; therefore, attendants may refuse the vaccine; documentation of the immunization, prior immunization, or refusal of immunization by the attendant must be in the attendant's personnel file;

(5) obtaining a copy of the attendant's current and valid state driver's license or other current and valid state photo id, if the consumer is to be transported by the attendant, obtaining a copy of the attendant's current and valid driver's license and current motor vehicle insurance policy; maintaining copies of these documents in the attendant's personnel file at all times;

- (6) complying with federal and state regulations and labor laws;
- (7) preparing all documentation necessary for payroll;
- (8) complying with all specified medicaid participation requirements outlined in 8.302.1 NMAC, *General Provider Policies*;
- (9) maintaining records that are sufficient to fully disclose the extent and nature of the services furnished to the consumers as outlined in 8.302.1 NMAC, *General Provider Policies*;
 - (a) the PCO agency may elect to keep a log/check-off list, in addition to the timesheet, in the consumer's home, describing services provided on a daily basis; if a log/check-off list is maintained, the log must be compared with the weekly timesheet and copies of both the timesheet and the log/check-off list must be kept in the consumer's file;
 - (b) the PCO agency may elect to use an electronic system that attendants may use to check in and check out at the end of each period of service delivery; the system must produce records that can be audited to determine the time of services provided, the type of services provided, and a verification by the consumer or the consumer's legal representative, as appropriate; failure by a PCO agency to maintain a proper record for audit under this system will subject the PCO agency to recovery by medicaid of any undocumented or insufficiently documented claims;
- (10) obtaining from the attendant a signed agreement, in which the attendant agrees that he/she will not provide PCO services while under the influence of drugs or alcohol and acknowledges that if he/she is under the influence of drugs alcohol while providing PCO services he/she will be immediately terminated;
- (11) ensuring that if the consumer has elected the consumer's legal representative as his/her attendant, the agency has obtained prior approval from medicaid or its designee; all PCO services provided by the consumer's legal representative *MUST* be justified in writing by the agency and consumer and submitted for approval to medicaid or its designee prior to employment; the justification must demonstrate the lack of other qualified attendants in the applicable area and include a plan for oversight by the agency to assure service delivery; documentation of approval by medicaid or its designee must be maintained in the consumer's file; the agency must inform the consumer that if the consumer is appointed or selects a legal representative any time during the plan year, they must notify the agency immediately;
- (12) establishing and explaining to all their consumers and all attendants the necessary documentation needed for reimbursement of PCO services;
- (13) performing payroll activities for the attendants;
- (14) providing state of New Mexico workers' compensation insurance for all attendants;
- (15) conducting face-to-face supervisory visits in the consumer's residence at least once a month (12 per service plan year); each visit must be sufficiently documented in the consumer's file by indicating:
 - (a) date of visit;
 - (b) time visiting to include length of visit;
 - (c) name and title of person conducting supervisory visit;
 - (d) individuals present during visit;
 - (e) review of IPoC;
 - (f) identification of health and safety issues and quality of care provided by attendant, and
 - (g) signature of consumer or consumer's legal representative;
- (16) maintaining an accessible and responsive 24-hour communication system for consumers to use in emergency situations to contact the agency;
- (17) following current recommendations of DOH and CDC, as appropriate, for preventing the transmission of TB for attendants upon initial employment and as needed; and
- (18) verifying initially prior to employment, and annually thereafter, that attendants are not on the employee abuse registry by researching COR pursuant to 8.11.6 NMAC and in accordance with the Employee Abuse Registry Act, NMSA 1978, Section 27-7A-1 et seq. [8.315.4.12 NMAC - Rp, 8.315.4.11 & 12 NMAC, 12-30-10; A, 7-1-11]

8.315.4.15 COVERAGE CRITERIA: PCO services have been established to assist individuals 21 years of age or older who are eligible for full medicaid benefits and meet the NF LOC criteria, see, *long term care services utilization review instructions for nursing facilities* which is attached to this part of the NMAC as attachment II. PCO services are defined as those tasks necessary to avoid institutionalization and maintain the consumer's functional level and independence. PCO services are for consumers who are unable to perform at least two ADLs because of disability or functional limitation and need assistance with certain ADLs and IADLs as described in Attachment II to this part of the NMAC. PCO services are allocated for a reasonable accommodation of tasks to be

performed by a personal care attendant, but do not provide 24-hours per day services. A PCO service assessment determines the amount and type of services needed to supplement the services a consumer is already receiving including those services provided by natural supports. PCO services are not provided 24 hours a day and allocation of time and services must be [elastically aligned with] directly related to [the] an individual's impairment rating as indicated in the PCO service assessment and applied to the PCO service guide, MAD 055. The PCO service guide, MAD 055 [which] is attached to this part of the NMAC as attachment I.

A. PCO services are usually furnished in the consumer's place of residence, except as otherwise indicated, and during the hours specified in the consumer's IPoC. Services may be furnished outside the residence only when appropriate and necessary and when not available through other existing benefits and programs, such as home health or other state plan or long-term care services. If a consumer is receiving hospice care, is a resident in an assisted living facility, shelter home, or room and board facility, the TPA for FFS or the MCO for CoLTS, will perform an assessment and ensure that the PCO services do not duplicate the services that are already being provided. If ADL or IADL services are part of the hospice or assisted living facility, shelter home, or room and board facility, as indicated by the contract or admission agreement signed by the consumer, PCO services cannot duplicate those services. Regulations for assisted living facilities may be found at 7.8.2 NMAC, *Assisted Living Facilities for Adults*.

B. PCO services are not furnished to an individual who is an inpatient or resident of a hospital, NF, ICF/MR, mental health facility, correctional facility, other institutional settings (except for recipients of community transition goods or services).

C. All consumers, regardless of living arrangements, will be assessed for natural supports. PCO services are not intended to replace natural supports. Service hours will be allocated, as appropriate, to supplement the natural supports available to a consumer. Consumers that reside with other adult household members, that are not receiving PCO services or are not disabled, will be presumed to have household services in the common/shared areas provided by the other adult residents, whether or not the adult residents are the selected personal care attendant. Personal care attendants that live with the consumer will not be paid to deliver household services, support services (shopping and errands), or meal preparation that are routinely provided as part of the household division of chores, unless those services are specific to the consumer (i.e., cleaning consumer's room, linens, clothing, and special diets). If a consumer's living situation changes:

(1) such that there is no longer a shared living space with another consumer, he/she will be re-assessed for services that were allocated between multiple consumers in a shared household; or

(2) such that he/she begins sharing a living space with another consumer(s), all consumers in the new shared living space will be re-assessed to determine the allocation of services shared by all consumers residing in the household.

[8.315.4.15 NMAC - Rp, 8.315.4.13 NMAC, 12-30-10; A, 7-1-11]

[8.315.4.16 COVERED SERVICES: ~~PCO services are provided as described in Subsections A through J. Consumers will be assessed both individually and jointly if sharing a living space with another PCO applicant/recipient (Subsection K), in each of the following listed service categories.]~~ PCO services are provided as described in Paragraphs (1) through (6). PCO services will not include those services for tasks the individual does not need or is already receiving from other sources including tasks provided by natural supports. PCO services must be related to the individual's impairment rating as indicated in the service assessment and applied to the PCO service guide, MAD 055[which is attached to this part of the NMAC as] See attachment I.

A. Mobility assistance either physical assistance or verbal prompting and cueing may be provided during the administration of any PCO task by the attendant. Mobility assistance includes assistance with ambulation, transferring and repositioning which is defined as moving around inside or outside the residence or consumer's living area with or without assistive devices(s) such as walkers, canes and wheelchairs or turning or moving to another position to prevent skin breakdown.

B. Certain PCO services are provided only when the consumer has the ability to self-administer. Ability to self-administer is defined as the ability to identify and communicate medication name, dosage, frequency and reason for the medication. A consumer who does not meet this definition of ability to self-administer is not eligible for these services.

~~[K. **Shared households/living space:** Two or more consumers living in the same residence, (including assisted living facilities, shelter homes, and other similar living arrangements), who are receiving PCO services will be assessed both individually and jointly to determine services that are shared. Consumers sharing living space will be assessed as follows for services identified in Subsections B, C and J of 8.315.4.16 NMAC:~~

~~(1) individually to determine if the consumer requires unique assistance with the service; and~~

~~_____ (2) jointly with other household members to determine shared living space and common needs of the household; services will be allocated based on common needs, not based on individual needs, unless it has been assessed by the TPA for FFS or the MCO for CoLTS, there is an individual need for provision of the service(s); (common needs may include meals that can be prepared for several individuals; shopping/errands that can be completed at the same time; laundry that can be completed for more than one individual at the same time; dusting and vacuuming of shared living spaces); these PCO services are based on the assessment of combined needs in the household without replacing natural and unpaid supports identified during the assessment.]~~

C. When two or more consumers living in the same residence (including assisted living facilities, shelter homes, and other similar living arrangements), are receiving PCO services, they will be assessed both individually and jointly to determine services that are shared. Consumers sharing living space will be assessed for services identified in Paragraphs (2) and (4) of 8.315.4.16 NMAC: assess each consumer individually to determine if the consumer requires unique assistance with the service; and jointly with other household members to determine shared living space and common needs of the household; services will be allocated based on common needs, not based on individual needs, unless assessed by the TPA for FFS or the MCO for CoLTS; that there is an individual need for provision of the service(s) as indicated above; (common needs may include meals that can be prepared for several individuals; shopping/errands that can be completed at the same time; laundry that can be completed for more than one individual at the same time; dusting and vacuuming of shared living spaces); these PCO services are based on the assessment of combined needs in the household without replacing natural and unpaid supports identified during the assessment.

D. Description of PCO services.

(1) Individualized bowel and bladder services: These services include bowel care, bladder care, perineal care and toileting.

~~[A-]~~ (a) Pursuant to NMSA 1978, Section 61-3-29(J) of the Nursing Practice Act, bowel and bladder care may be provided to a consumer that is medically stable and able to communicate and assess his/her own needs to include:

~~[(a)]~~ (i) bowel care - evacuation and ostomy care, changing and cleaning of bags and ostomy site skin care; an individual requiring assistance with bowel care who does not have a statement by his/her physician determining he/she is medically stable and able to communicate his/her bladder care needs is not eligible for PCO services in this category; digital stimulation is not a covered service; and

~~[(b)]~~ (ii) bladder care - cueing the consumer to empty his/her bladder at timed intervals to prevent incontinence; elimination; catheter care, including the changing and cleaning of the catheter bag; the requirements and limitations from ~~[Subparagraph (a)]~~ Item (i) bowel care above regarding medically determined stability and ability to communicate apply here; insertion/extraction of a catheter is not a covered service.

~~[(2)]~~ (b) Services that do not require the consumer to be medically stable and able to communicate and assess his/her own needs include:

~~[(a)]~~ (i) perineal care - cleansing of the perineal area and changing of sanitary napkins; ~~and~~
~~[(b)]~~ (ii) toileting - assisting with bedside commode or bedpan; cleaning perineal area, changing adult briefs/pads, readjusting clothing; cleaning changing of wet or soiled clothing after incontinence episodes or assisting with adjustment of clothing before and after toileting;

(iii) prompting/cueing to ensure appropriate bowel and bladder services; and

(iv) mobility assistance to ensure appropriate bowel and bladder services.

~~[C-]~~ (2) **Meal preparation and assistance:** At the direction of the consumer or his/her personal representative, prepare meal(s) including cutting ingredients to be cooked, cooking of meals, and placing/presenting meal in front of consumer to eat, and cutting up food into bite-sized portions for the consumer or assist the consumer pursuant to the IPoC. This includes provision of snacks and fluids and may include ~~[cueing and prompting the]~~ mobility assistance and prompting/cueing the consumer to prepare meals. This does not include assistance with eating. Services requiring assistance with eating are covered under eating in ~~[Subsection G]~~ Paragraph (3) below. Personal care attendants who reside in the same household as the consumer may not be paid for meal preparation routinely provided as part of the household division of chores, unless those services are specific to the consumer (i.e., special diets, processing of meals into edible portions, pureeing).

~~[G-]~~ (3) **Eating:** Feeding the consumer or assisting the consumer with eating a prepared meal with a utensil or with specialized utensils is a covered service. Eating is the ability to physically put food into mouth, chew and swallow food safely. The attendant shall assist the consumer as determined by the IPoC. Eating assistance may include ~~[cueing]~~ mobility assistance and prompting/cueing a consumer to ensure appropriate nutritional intake or monitor for choking. This does not include preparation of food/meals. Services requiring preparation of food/meals is covered under meal preparation and assistance in ~~[Subsection B]~~ Paragraph (2). If the consumer has special needs

in this area, the attendant should receive specific instruction to meet that need. Gastrostomy feeding and tube feeding are not covered services.

~~[C. **Support services:** These are services that provide additional assistance to the consumer. Personal care attendants who reside in the household may not be paid for shopping or errands routinely provided as part of the household division of chores, unless those services are specific to the consumer. These services are limited to:~~

~~_____ (1) shopping or completing errands specific to the consumer (with or without the consumer);
_____ (2) transportation of the consumer - transportation shall only be for non medically necessary events and may include assistance with transfers in/out of vehicles; PCO agencies are not required to provide this service; consumers that need this service and are with a PCO agency that does not provide this service may transfer to a different PCO agency in accordance with 8.315.4.22 NMAC, *transfer process for PCO services*; medically necessary transportation services may be a covered PCO service when the TPA for FFS or the MCO for CoLTS has assessed and determined that other medically necessary transportation services are not available through other state plan services; and~~

~~_____ (3) assistance with feeding and hydrating or cueing consumer to feed and hydrate a personal assistance animal for the consumer is a covered service; a consumer must provide documentation that his/her animal is a personal assistance animal; feeding and hydrating non-assistance animals is not a covered service.~~

~~H. **Assisting with self-administered medication:** This service is limited to *prompting and reminding only* for self-administering physician ordered (prescription) medications. The use of over the counter medications does not qualify for this service. The ability to self-administer is defined as the ability to identify and communicate medication name, dosage, frequency and reason for the medication. A consumer who does not meet this definition of ability to self-administer is not eligible for this service. This assistance does not include administration of injections, which is a skilled/nursing task. Splitting or crushing medication or filling of medication boxes is not a covered service. Assistance includes:~~

~~_____ (1) getting a glass of water or other liquid as requested by the consumer for the purpose of taking medications;~~

~~_____ (2) at the direction of the consumer handing the consumer his/her daily medication box or medication bottle;~~

~~_____ (3) at the direction of the consumer, helping a consumer with placement of oxygen tubes for consumers who can communicate to the caregiver the dosage/route of oxygen;~~

~~_____ (4) splitting or crushing medication or filling of medication boxes is not a covered service.]~~

~~(4) **Household support services:** This service is for ~~[performing]~~ assisting/performing interior household activities as needed ~~[-Such activities]~~ and other support services that provide additional assistance to the consumer. Interior household activities are limited to the maintenance of the consumer's personal living area (i.e., kitchen, living room, bedroom, and bathroom). To maintain a clean and safe environment for the consumer, particularly a consumer living alone who may not have adequate support in his/her residence. Assistance may include mobility assistance and prompting/cueing a consumer to ensure appropriate household support services. Personal care attendants who reside in the same household as the consumer may not be paid for household support services routinely provided as part of the household division of chores, unless those services are specific to the consumer (i.e., changing the consumer's linens, cleaning the consumer's personal living areas). Services include:~~

~~(a) sweeping, mopping or vacuuming the consumer's carpets, hardwood floors, tile or linoleum;~~

~~(b) dusting the consumer's furniture;~~

~~(c) changing the consumer's linens;~~

~~(d) washing the consumer's laundry;~~

~~(e) cleaning the consumer's bathroom (tub or shower area, sink, and toilet);~~

~~(f) cleaning the consumer's kitchen and dining area (i.e., washing the consumer's dishes, putting the consumer's dishes away; cleaning counter tops, cleaning the area where the consumer eats, etc.); household services do not include cleaning up after other household members or pets;~~

~~(g) minor cleaning of assistive device(s), wheelchair and durable medical equipment (DME) is a covered service; a consumer must have an assistive device(s) that requires regular cleaning (that is not already provided by the supplier of the assistive device) that the consumer cannot clean to be eligible to receive services under this category;~~

~~_____ (h) shopping or completing errands specific to the consumer (with or without the consumer);~~

~~_____ (i) transportation of the consumer - transportation shall only be for non-medically necessary events and may include assistance with transfers in/out of vehicles; PCO agencies are not required to provide this service; consumers that need this service and are with a PCO agency that does not provide this service may transfer~~

to a different PCO agency in accordance with 8.315.4.22 NMAC, *transfer process for PCO services*; medically necessary transportation services may be a covered PCO service when the TPA for FFS or the MCO for CoLTS has assessed and determined that other medically necessary transportation services are not available through other state plan services;

(j) assistance with feeding and hydrating or cueing consumer to feed and hydrate a personal assistance animal for the consumer is a covered service; a consumer must provide documentation that his/her animal is a personal assistance animal; feeding and hydrating non-assistance animals is not a covered service;

(k) assistance with battery replacement and minor, routine wheelchair and durable medical equipment (DME) maintenance is a covered service; a consumer must have an assistive device(s) that requires regular maintenance (that is not already provided by the supplier of the assistive device) that the consumer cannot maintain in order to be eligible to receive services under this category; and

(l) assistance with self-administering physician ordered (prescription) medications is limited to prompting and reminding only; the use of over the counter medications does not qualify for this service; a consumer must meet the definition of "ability to self-administer" defined in this section, to be eligible to receive time for this task; a consumer who does not meet the definition of ability to self-administer is not eligible for this service; this assistance does not include administration of injections, which is a skilled/nursing task; splitting or crushing medications or filling medication boxes is not a covered service; assistance includes:

(i) getting a glass of water or other liquid as requested by the consumer for the purpose of taking medications;

(ii) at the direction of the consumer, handing the consumer his/her daily medication box or medication bottle; and

(iii) at the direction of the consumer, helping a consumer with placement of oxygen tubes for consumers who can communicate to the caregiver the dosage/route of oxygen.

~~[I. **Skin care:** The consumer must have a skin disorder documented by a physician, physician assistant, nurse practitioner or a clinical nurse specialist to be eligible to receive skin care services. This service is limited to the attendant's application of over the counter or prescription skin cream for a diagnosed chronic skin condition that is not related to burns, pressure sores or ulceration of skin. A consumer must meet the definition of "ability to self-administer" defined in Subsection H of this section, to be eligible to receive time for application of a prescription over the counter medication for skin care. Wound care/open sores and debriding/dressing open wounds are not covered services.]~~

~~[D.](5) **Hygiene/grooming:** The IPoC may include the following tasks to be performed by the attendant or cueing and prompting by the attendant for the consumer to perform the tasks. These services include:~~

~~(a) bathing - giving a sponge bath/bed bath/tub bath/shower, including transfer in/out, turning bath/shower water off/on, and setting temperature of bath/shower water; bringing in water from outside or heating water for consumer;~~

~~(b) dressing - putting on, fastening, removing clothing, and shoes;~~

~~(c) grooming - combing or brushing hair, applying make-up, trimming beard or mustache, braiding hair, shaving under arms, legs or face;~~

~~(d) oral care with intact swallowing reflex - brushing teeth, cleaning dentures/partials (includes use of floss, swabs, or mouthwash);~~

~~(e) nail care - cleaning, filing to trim, or cuticle care, except for consumers with a medical condition such as venous insufficiency, diabetes, peripheral neuropathy, or consumers that are documented as medically at risk, which then would be considered a skilled task and not a covered PCO service;~~

~~(f) applying lotion to intact skin for routine skin care; ~~and~~~~

(g) physician ordered skin care – the consumer must have a skin disorder documented by a physician, physician assistant, nurse practitioner or a clinical nurse specialist to be eligible to receive skin care services; this service is limited to the attendant's application of over-the counter or prescription skin cream for a diagnosed chronic skin condition that is not related to burns, pressure sores or ulceration of skin; a consumer must meet the definition of "ability to self-administer" defined in this section, to be eligible to receive time for application of a prescription over-the counter medication for skin care; wound care/open sores and debriding/dressing open wounds are not covered services;

~~(g)(h) ~~cueing~~ prompting/cueing to ensure appropriate bathing, dressing, grooming, oral care, nail care and application of lotion for routine skin care; and~~

(i) mobility assistance to ensure appropriate bathing, dressing, grooming, oral care, name and skin care.

~~[E.—**Minor maintenance of assistive device(s):** Battery replacement and minor, routine wheelchair and durable medical equipment (DME) maintenance or cleaning is a covered service. A consumer must have an assistive device(s) that requires regular cleaning or maintenance (that is not already provided by the supplier of the assistive device) that the consumer cannot clean and maintain to be eligible to receive services under this category.]~~

(6) **Supportive mobility assistance:** ~~[Either physical assistance]~~ Physical or verbal prompting and cueing mobility assistance provided by the attendant is a covered service. These include assistance with:

(a) ambulation - moving around inside or outside the residence or consumer's living area with or without assistive device(s) such as walkers, canes and wheelchairs;

(b) transferring - moving to/from one location/position to another with or without assistive devices(s) including in and out of vehicles;

(c) toileting - transferring on/off toilet; and

(d) repositioning - turning or moving an individual to another position who is bed bound to prevent skin breakdown.

[8.315.4.16 NMAC - Rp, 8.315.4.14 NMAC, 12-30-10; A, 7-1-11]

8.315.4.18 MEDICAL ELIGIBILITY: To be eligible for PCO services, a consumer must meet the LOC required in a NF.

A. The TPA is responsible for making LOC determinations based on criteria developed by medicaid or medicaid's designee according to national standards. See attachment II to this part titled *long term care services utilization review instructions for nursing facilities*.

(1) **Determine level of care (LOC):** The TPA makes initial LOC determinations and subsequent determinations at least annually thereafter.

(a) An LOC packet is developed by the TPA for FFS and the MCO for CoLTS and reviewed by the TPA to determine approval for medical eligibility.

(b) The LOC packet must include:

(i) a current (within the last six months) approved medical assessment form [~~(MAD 379)~~ (MAD 379)] signed by a physician or physician's designee (physician assistant, nurse practitioner or, clinical nurse specialist);

(ii) a current (within the last 12 months) H&P;

~~[(iii)]~~ (iii) any other information or medical justification documenting the consumer's functional abilities; and

~~[(iv)]~~ (iv) an assessment of the consumer's functional needs, performed by the TPA initially through the in-home assessment (MAD 057), or for subsequent approval, subsequent assessments performed by the TPA for FFS or MCO for CoLTS.

(2) **The TPA will use the LOC packet to:**

(a) make all LOC determinations for all consumers requesting/receiving PCO services;

(b) approve the consumer's LOC for a maximum of one year (12 consecutive months); and a new LOC determination must be made at least annually to ensure the consumer continues to meet medical eligibility criteria for PCO services; each LOC determination must be based on the consumer's current medical condition and need of service(s) and may not be based on prior year LOC determinations; and

(c) contact the consumer for FFS or the MCO within a minimum of 120 days, prior to the expiration of the approved LOC, to begin the annual LOC review process for PCO services to prevent a break in service; the TPA for FFS or the MCO for CoLTS shall also provide a notification to the PCO agency, at the same time the consumer is notified, that the LOC is due to expire within 120 days.

(3) Any individual applying for PCO services who has an existing approved NF LOC in another program (i.e., CoLTS (c) waiver or nursing facility) will not require another LOC determination until his/her next annual review.

B. Initial in-home assessment: The TPA must perform an initial in-home assessment (MAD 057) of the consumer's functional needs in the consumer's place of residence. The initial in-home assessment is only done one time by the TPA when the consumer is first evaluated for eligibility for PCO services and not upon annual renewal.

C. The TPA must initially explain both service delivery models, consumer-directed and consumer-delegated to the consumer or his/her legal representative and provide the consumer or his/her legal representative with informational material, allowing the consumer to make the best educated decision possible regarding which model he/she will select. A copy of the consumer's or legal representative's responsibilities in 8.315.4.10 NMAC, *service delivery models*, must be provided to each consumer or legal representative. If the consumer is FFS, the

TPA must explain both service delivery models and provide a copy of the consumer's responsibilities in 8.315.4.10 NMAC, *service delivery models*, at every annual assessment, based on the service delivery model he/she has selected.

D. A PCO agency that does not agree with the LOC determination made by the TPA or medicaid's designee may work with the consumer's physician or physician designee that submitted the ~~[HSD-379]~~ MAD 379 form or, for CoLTS consumers, with the MCO to request a re-review or reconsideration from the TPA pursuant to medicaid oversight policies, 8.350.2 NMAC, *Reconsideration of Utilization Review Decisions* [MAD-953].

E. A consumer that does not agree with the LOC determination made by the TPA may file a grievance with the TPA, request a fair hearing pursuant to 8.352.2 NMAC, *Recipient Hearings*, or request both.

F. Conflict of Interest: The TPA is not authorized to contract with any medicaid approved PCO agency to carry out TPA responsibilities or any person, agency, or entity that would have any other actual or potential conflict of interest as a TPA subcontractor due to its financial or corporate relationship or relationship by blood (consanguinity) or by affinity (by marriage) to the third degree with a PCO personal care provider agency or its principals. A conflict of interest includes the situation in which a principal or a relative of the principal of the prospective TPA contracting entity has a financial interest in a PCO provider agency.

G. Temporary authorization: If the consumer is determined to meet the medical eligibility criteria to receive PCO services, but is not yet enrolled in CoLTS, the TPA automatically gives these consumers a temporary prior-authorization of 10 hours per week for up to 75 days. This temporary prior-authorization is automatic for all CoLTS consumers that are medically eligible and is not a determination of a CoLTS consumer's actual need. The consumer's actual need may be higher or lower as determined by the assessment for services performed by the MCO for CoLTS. There is no right to a fair hearing with respect to this temporary prior authorization. The approval for 10 hours is not a guarantee of a minimum amount of services when the consumer is assessed by the MCO for CoLTS for need of services. Temporary prior authorization of services does not guarantee that an individual is eligible for medicaid. PCO agencies must verify monthly all individuals' financial eligibility for medicaid prior to providing services. FFS consumers do not receive a temporary authorization as their assessment of services is conducted at the same time as the LOC assessment.

H. The TPA shall review the LOC upon a referral from the PCO agency, the consumer the consumer's legal representative, or the MCO for CoLTS regarding an improvement or decline in the consumer's health condition and make a new determination regarding eligibility, as appropriate.

I. The completed [HSD-379] MAD 379 form and H&P is used solely to determine the LOC and is not used to determine the type or the amount of services for a consumer. The MAD 057 is used ~~[solely]~~ to obtain initial in-home assessment information on a consumer who is FFS or not yet enrolled in CoLTS. [8.315.4.18 NMAC - N, 12-30-10; A, 7-1-11]

8.315.4.19 ASSESSMENTS FOR SERVICES: After the consumer is determined to be medically eligible for PCO services, the TPA for FFS or the MCO for CoLTS performs ~~[an] a service~~ assessment ~~[to include the personal care options PCO service guide (MAD 055) of the consumer's natural supports and need of covered services]~~ (assessment form approved by the state). Although an individual's assessment for the amount and types of services may vary, PCO services are not provided 24 hours a day. An individual's PCO services must be related to their impairment rating as indicated in the PCO service assessment and applied to the PCO service guide, MAD 055. The PCO service guide, MAD 055, is attached to this part of the NMAC as attachment I. Services assessments are performed when a consumer enters the program (initial assessment), at least annually (annual assessment) or in the interim (interim assessment) if certain criteria are met.

A. The assessment (initial, interim, or annual) performed by the TPA for FFS or the MCO for CoLTS determines the type of covered services needed by the consumer ~~[(assessment form approved by the state) and the]~~ The amount of time allocated to each type of covered service [(recorded on the MAD 055)] is determined by applying and recording the individual's impairment rating from the service assessment, to the PCO service guide, MAD 055. PCO services are allocated for a reasonable accommodation of tasks as indicated by the MAD 055 to be performed by a personal care attendant ~~[- but do not provide 24-hour per day services].~~ A PCO service assessment determines the amount and type of PCO services needed to supplement the non-PCO services a consumer is already receiving including those services provided by natural supports. ~~[The PCO service guide, the MAD 055, which is attached to this part of the NMAC as attachment I is used as a tool to record service assessment responses that determine the type of PCO services that are needed and the time allotted for each PCO service as it relates to the individual's impairment ratings.]~~ In the rare event that the consumer's functional needs exceed the average allocation of time allotted to perform a particular service task per the recommendation of a medical professional, the

TPA for FFS or the MCO for CoLTS may consider authorizing additional time based on the consumer's medical and clinical need(s) and related to the individual's risk of institutionalization.

B. The assessment is conducted in the consumer's place of residence by the TPA for FFS or the MCO for CoLTS and shall be based on the current health condition and functional needs of the consumer, to include no duplication of services a consumer is already receiving including those services provided by natural supports, and shall not be based on a prior assessment of the consumer's health condition, functional needs, or existing services.

C. The completed assessment is sent to the PCO agency by the TPA for FFS or the MCO for CoLTS for the PCO agency to develop the IPoC.

D. The assessment must be performed by the TPA for FFS or the MCO for CoLTS upon a consumer's initial approval for medical eligibility to receive PCO services (initial assessment) and at least annually thereafter (annual assessment). The annual assessment is conducted on the most recent LOC and determines types and services for the LOC authorization period. The TPA for FFS or the MCO for CoLTS must complete an assessment within 75 days from the date of the temporary prior authorization. ~~[The assessment may be performed more often than annually.]~~ An interim assessment may be conducted if:

- (1) there is a change in the consumer's condition (either improved or declined);
- (2) there is a change in the consumer's natural supports or living conditions;
- (3) upon the consumer's request;
- (4) the full amount of services has not been utilized within the last two months; or
- (5) upon a referral from a PCO agency regarding the consumer's need for an assessment.

E. The MCO must explain each service delivery model at least annually to consumers enrolled in CoLTS.

F. ~~[Consumers enrolled in a CoLTS MCO who disagree with authorized number of hours may utilize the CoLTS MCO grievance and appeal process, request a fair hearing, or both.]~~ The TPA for FFS or the MCO for CoLTS will issue a prior authorization (PA) to the PCO agency. A PCO service authorization cannot extend beyond the LOC authorization period.

G. A PCO consumer who disagrees with the authorized number of hours may utilize the CoLTS MCO grievance and appeal process when enrolled in CoLTS and the state's fair hearing process pursuant to 8.352.2 NMAC, Recipient Hearings, or both. Requests for an MCO grievance/appeal and a state fair hearing may be filed consecutively or concurrently so long as each request is within the required time limitations for making such a request

(1) Continuation of benefits: A consumer may continue PCO benefits while a state fair hearing decision is pending, pursuant to 8.352.2 NMAC, Recipient Hearings, if all of the following apply:

(a) the request for a state fair hearing is made within 13 days of the date of the notice of action; or, the intended effective date of the proposed action;

(b) it involves termination, suspension, or reduction of a previously authorized course of treatment (an interim assessment);

(c) the services were ordered by an authorized provider;

(d) the authorization period for the course of treatment has not expired (service authorization period); and

(e) the member requests extension of benefits.

(2) Termination of continued benefits: If the consumer qualifies for all of the criteria for continued benefits and receives continued benefits, the continued benefits must continue until one of the following occurs:

(a) the consumer withdraws the appeal or fair hearing request;

(b) a state fair hearing results in a hearing decision adverse to the consumer; or

(c) the time period or service limits of a previously authorized service (service authorization period) has been met.

(3) The consumer may be responsible for repayment of the cost of the services furnished while the was pending, to the extent that the services were furnished solely because of this requirement for continuation during the state fair hearing process. The state for FFS or the MCO for CoLTS may recover these costs from the member and not the provider.

[8.315.4.19 NMAC - N, 12-30-10; A, 7-1-11]

8.315.4.20 INDIVIDUAL PLAN OF CARE (IPOC): An IPoC is developed and PCO services are identified along with the appropriate assessment for allocating PCO services. The PCO agency develops an IPoC using an authorization, task list and the MAD 055 provided by the TPA for FFS or the MCO for CoLTS. The finalized IPoC must [contains] contain [approved daily tasks, for a period of seven days at a time, to be performed

~~by the attendant~~ a seven-day schedule including authorized PCO attendant and natural support tasks to be performed based on the consumer's daily needs. Only those services identified as IADLs (household support services~~[-, certain support services (shopping and errands)]~~ or meal preparation) may be moved to another day within a seven-day IPoC. Consumers receiving services only a certain number of days of the week may not be allocated time for ADLs on days in which an attendant does not provide services, i.e., time will not be allocated for ADLs for seven days if a consumer receives services only four days during the week. Any tasks not performed by the attendant for any reason cannot be banked or saved for a later date.

A. The PCO agency must:

- (1) develop the IPoC with a specific description of the attendant's responsibilities, including tasks to be performed by the attendant and any special instructions related to maintaining the health and safety of the consumer;
- (2) ensure the consumer has participated in the development of the plan and that the IPoC is reviewed and signed by the consumer or the consumer's legal representative; a signature on the IPoC indicates that the consumer or the consumer's legal representative understands what services have been identified and that services will be provided on a weekly basis for a maximum of one year; if a consumer is unable to sign the IPoC and the consumer does not have a legal representative, a thumbprint or personal mark (i.e., an "X") will suffice; if signed by a legal representative, medicaid or its designee and the agency must have documentation in the consumer's file verifying the individual is the consumer's legal representative;
- (3) maintain an approved IPoC for PCO services for a maximum of one year (12 consecutive months), a new IPoC must be developed at least annually, to ensure the consumer's current needs are being met; a consumer's previous year IPoC is not used or considered in developing a new IPoC and allocating services; a new IPoC must be developed independently at least every year based on the consumer's current medical condition and need of services; the tasks and number of hours in the IPoC must match the authorized tasks and number of hours on the authorization;
- (4) provide the consumer and the TPA for FFS or MCO for CoLTS with a copy of their approved IPoC;
- (5) obtain an approved task list and MAD 055 from the TPA for FFS or MCO for CoLTS;
- (6) obtain written verification that the consumer or the consumer's legal representative understands that if the consumer does not utilize services (for two months) or the full amount of allocated services (within a two-month period) on the IPoC that these circumstances will be documented in the consumer's file for need of services; and
- (7) submit a personal care transfer/closure form (MAD 062 or other approved transfer/closure form) to the TPA for FFS or MCO for CoLTS for a consumer who has passed away or who has not received services for 90-consecutive days.

B. PCO services are to be delivered in the state of New Mexico only. Consumers who require PCO services out of the state, for medically necessary reasons only, must obtain medicaid or medicaid's designee for FFS or the MCO for CoLTS written approval prior to leaving the state. The following must be submitted for consideration when requesting medically necessary out-of-state services:

- (1) a letter from the consumer or the consumer's legal representative requesting an out-of-state exception and reason for request; the letter must include:
 - (a) the consumer's name and social security number;
 - (b) how time sheets/logs/check-off list will be transmitted and payroll checks issued to the attendant;
 - (c) date the consumer will be leaving the state, including the date of the medical procedure or other medical event, and anticipated date of return; and
 - (d) where the consumer will be housed after the medical procedure.
 - (2) a letter or documentation from the physician, surgeon, physician assistant, nurse practitioner, or clinical nurse specialist verifying the date of the medical procedure; and
 - (3) a copy of the consumer's approved IPoC and a proposed adjusted revision of services to be provided during the time the consumer is out-of-state; support services and household services will not be approved unless justified; if the consumer has been approved for services under self-administered medications, a statement from the physician, physician assistant, nurse practitioner, or clinical nurse specialist must be included indicating the consumer will continue to have the ability to self-administer for the duration he/she is out-of-state.
- [8.315.4.20 NMAC - Rp, 8.315.4.17 NMAC, 12-30-10]

8.315.4.22 TRANSFER PROCESS FOR PCO SERVICES: A consumer wishing to transfer services to another medicaid approved PCO agency may request to do so. Transfers within the plan year may be requested by the consumer, but must be approved by medicaid or medicaid's designee prior to the agency providing PCO services to the consumer. All requests for change of service model (from directed/delegated) must be approved by the TPA for FFS or MCO for CoLTS prior to the receiving agency providing services to the consumer. Transfers may only be initiated by the consumer or his/her legal representative and may not be requested by the attendant as a result of an employment issue. For consumers enrolled in a CoLTS MCO, the transfer process is determined by medicaid or medicaid's designee and should be initiated by the consumer through the consumer's assigned service coordinator. The consumer must give the reason for the requested transfer.

A. A transfer requested by a consumer may be denied by medicaid or its designee for the following reasons:

- (1) the consumer is requesting more hours/services;
- (2) the consumer's attendant or family member is requesting the transfer;
- (3) the consumer has requested three or more transfers within a six-month period;
- (4) the consumer wants his/her legal guardian, spouse or attorney-in-fact to be his/her attendant;
- (5) the consumer wants an individual to be his/her attendant who has not successfully passed a nationwide criminal history screening;
- (6) the consumer wants an attendant who has been terminated from another agency for fraudulent activities or other misconduct;
- (7) the attendant does not want to complete the mandated trainings under the consumer-delegated model;
- (8) the consumer does not wish to comply with the medicaid or PCO regulations and procedures; and
- (9) there is reason to believe that solicitation has occurred as defined in 8.315.4.24 NMAC, *reimbursement*.

B. The TPA for FFS or MCO for CoLTS will notify the consumer and both the originating agency and the receiving agency of its decision and has 15-working days after receiving the request from the TPA to make a decision. The consumer must work with the TPA for FFS or the MCO for CoLTS to verify his/her request.

C. A consumer who does not agree with the decision may request a fair hearing pursuant to 8.352.2 NMAC, *Recipient Hearings*. The originating agency is responsible for the continuance of PCO services as identified in Subsections G of 8.315.4.19 NMAC throughout the fair hearing process.

D. The following is the process for submitting a transfer request.

- (1) The consumer must inform the TPA for FFS or the MCO for CoLTS of the desire to transfer PCO agencies; the TPA for FFS or the MCO for CoLTS approves or denies the transfer request; if approved, the TPA for FFS or the MCO for CoLTS works with both the agency he/she is currently receiving services from (originating agency) and the agency he/she would like to transfer to (receiving agency) to effectively complete the transfer.
- (2) Originating agencies are responsible for continuing service provision until the transfer is complete.
- (3) Both the originating and receiving PCO agencies are responsible for following approved transfer procedures (either TPA for FFS or MCO for CoLTS transfer procedures).
- (4) After the TPA for FFS or the MCO for CoLTS verifies the consumer's request, the TPA for FFS or the MCO for CoLTS will process the transfer request within 15 working days of receiving the transfer request.
- (5) The TPA for FFS or the MCO for CoLTS will issue a new prior authorization number and task information to the receiving agency and make the transfer date effective 10 business days from the date of processing the transfer request with new dates of service and units remaining for the remainder of the IPoC year; the TPA for FFS or the MCO for CoLTS will notify the consumer and the originating and receiving PCO agencies. [8.315.4.22 NMAC - Rp, 8.315.4.19 NMAC, 12-30-10; A, 7-1-11]

8.315.4.23 CONSUMER DISCHARGE: A consumer may be discharged from a PCO agency or may be discharged by the state from receiving any PCO services.

A. **PCO agency discharge:** The PCO agency may discharge a consumer for a justifiable reason. Prior to initiating discharge, the PCO agency must send a notice to medicaid or its designee for approval. Once approved by medicaid or its designee, the PCO agency may initiate the discharge process by means of a 30-day written notice to the consumer. The notice must include the consumer's right to request a fair hearing pursuant to 8.3522 NMAC, Recipient Hearings. ~~and~~ The notice must include the justifiable reason for the agency's decision to discharge.

(1) A PCO agency may discharge a consumer for a justifiable reason. A justifiable reason for discharge may include:

- (a) staffing problems (i.e., excessive request for change in attendants (three or more in a 30-day period);
- (b) a consumer demonstrates a pattern of verbal or physical abuse toward attendants or agency personnel, including the use of vulgar or explicit (i.e. sexually) language, sexual harassment, excessive use of force, use of verbal threats or physical threats, demonstrates intimidating behavior; the agency or attendant must have documentation demonstrating the pattern of abuse; the agency may also discharge a consumer if the life of an attendant or agency's staff member is believed to be in immediate danger;
- (c) a consumer or family member demonstrates a pattern of uncooperative behavior including not complying with agency or medicaid regulations; not allowing the PCO agency to enter the home to provide services; and continued requests to provide services not approved on the IPoC;
- (d) illegal use of narcotics or alcohol abuse; and
- (e) fraudulent submission of timesheets; or
- (f) living conditions or environment that may pose a health or safety risk or cause harm to the personal care attendant, employee of an agency, TPA, MCO, or other medicaid designee.

(2) The PCO agency must provide the consumer with a current list of medicaid-approved personal care agencies that service the county in which the consumer resides. The PCO agency must assist the consumer in the transfer process and must continue services throughout the transfer process. If the consumer does not select another PCO agency within the 30-day time frame, the current PCO agency must inform the consumer that a break in services will occur until the consumer selects an agency. The discharging agency may not ask the medicaid's designee to terminate the consumer's PCO services.

(3) A consumer has a right to appeal the agency's decision to suspend services as outlined in 8.352.2 NMAC, *Recipient Hearings*. A recipient has 90 days from the date of the suspension notice to request a fair hearing.

B. Discharge by the state: Medicaid or its designee reserves the right to exercise its authority to discontinue the consumer's receipt of PCO services due to the consumer's non-compliance with medicaid regulations and PCO service requirements. The consumer's discontinuation of PCO services does not affect his/her medicaid eligibility. The consumer may be discharged for a justifiable reason by means of a 30-day written notice to the consumer. The notice will include duration of discharge, which may be permanent, the consumer's right to request a fair hearing, pursuant to 8.352.2 NMAC, *Recipient Hearings*, and the justifiable reason for the decision to discharge. A justifiable reason for discharge may include:

- (1) staffing problems (i.e., unjustified excessive requests for change in attendants three or more in a 30-day period), excessive requests for transfers to other agencies or excessive agency discharges;
- (2) a consumer who demonstrates a pattern of verbal or physical abuse toward attendants, agency personnel, or state staff or contractors, including use of vulgar or explicit (i.e. sexually) language, verbal or sexual harassment, excessive use of force, demonstrates intimidating behavior, verbal or physical threats toward attendants, agency personnel, or state staff or contractors;
- (3) a consumer or family member who demonstrates a pattern of uncooperative behavior including, not complying with agency, medicaid program requirements or regulations or procedures;
- (4) illegal use of narcotics or alcohol abuse; and
- (5) fraudulent submission of timesheets; or
- (6) unsafe or unhealthy living conditions or environment.

C. PCO agencies, the TPA, and the MCO for CoLTS are all responsible for properly documenting and reporting any incidents involving a consumer that is described in section B one through six above to medicaid or its designee.

[8.315.4.23 NMAC - Rp, 8.315.4.20 & 21 NMAC, 12-30-10; A, 7-1-11]



Personal Care Options Service Guide

Draft 3/24/11

8.315.4 NMAC Attachment-I

Name (First, Last)		Case Number	Assessment Type <input type="checkbox"/> Initial <input type="checkbox"/> Interim <input type="checkbox"/> Annual	Assessment Date
Paid Caregiver Relative? <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives with Paid Caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared PCO House? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared PCO Member (Name)	Assessor Name (First, Last)

1. Hygiene/Grooming (daily)

M - Minor Impairment	S - Severe Impairment	T - Total Impairment
Bathing 0 – 15 min	16 – 30 min	31 – 60 min
Dressing 0 – 10 min	11 – 15 min	16 – 20 min
Grooming 0 – 10 min	11 – 15 min	16 – 20 min

<input type="checkbox"/> Lay out supplies	<input type="checkbox"/> Transfer from bed	<input type="checkbox"/> Total help
<input type="checkbox"/> Lay out clothing	<input type="checkbox"/> Tub bath/dry	
<input type="checkbox"/> Draw water	<input type="checkbox"/> Sponge bath/dry	
<input type="checkbox"/> In/out of tub/shower	<input type="checkbox"/> In/out of clothes	
<input type="checkbox"/> Standby safety	<input type="checkbox"/> Brush Teeth	
<input type="checkbox"/> Zip, button, sock/shoe	<input type="checkbox"/> Wash hands/face	
<input type="checkbox"/> Comb/brush hair	<input type="checkbox"/> Shave face	
<input type="checkbox"/> Rx skin care – <3/day	<input type="checkbox"/> Shave legs/underarms	
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Wash Hair	
<input type="checkbox"/> Mobility	<input type="checkbox"/> Dry Hair	
	<input type="checkbox"/> Set/roll/braid hair	
	<input type="checkbox"/> Nail care	
	<input type="checkbox"/> Makeup	
	<input type="checkbox"/> Non Rx skin care	
	<input type="checkbox"/> Rx skin care – 3/day+	
	<input type="checkbox"/> Prompting/cueing	
	<input type="checkbox"/> Mobility	

Notes:
(1) For any rating, add an additional 30 minutes if hauling/heating water is required.
(2) Exclude assistance with Rx skin care for persons unable to self administer.

Impairment: Bath: _____ Dress: _____ Groom: _____
Other Supports: Yes No If yes, # of days/wk: _____
Min/Day: _____
Days/Wk: _____

2. Individual Bowel and Bladder (daily)

M - Minor Impairment	S - Severe Impairment	T - Total Impairment
0 – 10 min	11 – 20 min	21 – 40 min

<input type="checkbox"/> Prepare supplies	<input type="checkbox"/> On/off bedpan	<input type="checkbox"/> Total help
<input type="checkbox"/> Clothing help	<input type="checkbox"/> Urinal help	
<input type="checkbox"/> Cleaning self help	<input type="checkbox"/> Toileting hygiene	
<input type="checkbox"/> Standby help	<input type="checkbox"/> Feminine hygiene	
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Change diapers	
<input type="checkbox"/> Mobility	<input type="checkbox"/> Empty cath bag	
	<input type="checkbox"/> Colostomy bag chg	
	<input type="checkbox"/> External cath chg	
	<input type="checkbox"/> Prompting/cueing	
	<input type="checkbox"/> Mobility	

Note: Except for perineal care and toileting, a consumer must be medically stable and able to communicate and assess his/her own needs.

Impairment: Individual Bowel and Bladder: _____
Other Supports: Yes No If yes, # of days/wk: _____
Min/Day: _____
Days/Wk: _____

3. Meal Preparation and Assistance (daily)

M - Minor Impairment	S - Severe Impairment	T - Total Impairment
0 – 15 min	16 – 30 min	31 – 45 min

<input type="checkbox"/> Meal Planning	<input type="checkbox"/> Cook full meal(s)	<input type="checkbox"/> Total help
<input type="checkbox"/> Help preparing meals	<input type="checkbox"/> Grind/puree food	
<input type="checkbox"/> Warm, Cut and serve	<input type="checkbox"/> Prompting/cueing	
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Mobility	
<input type="checkbox"/> Mobility		

Note: Shared PCO - 30 min. max or 45 with special needs

Impairment: Meal Preparation and Assistance: _____
Other Supports: Yes No If yes, # of days/wk: _____
Min/Day: _____
Days/Wk: _____

4. Eating (daily)

M - Minor Impairment	S - Severe Impairment	T - Total Impairment
Breakfast <input type="checkbox"/> 0 – 5 min	6 – 15 min	16 – 30 min
Lunch <input type="checkbox"/> 0 – 5 min	6 – 15 min	16 – 30 min
Dinner <input type="checkbox"/> 0 – 5 min	6 – 15 min	16 – 30 min

<input type="checkbox"/> Standby help	<input type="checkbox"/> Spoon feed	<input type="checkbox"/> Total help
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Bottle feed	
<input type="checkbox"/> Mobility	<input type="checkbox"/> Placing feed devices	
	<input type="checkbox"/> Prompting/cueing	
	<input type="checkbox"/> Mobility	

Impairment: Eating: _____
Other Supports: Yes No If yes, # of days/wk: _____
Min/Day: _____
Days/Wk: _____

5. Household and Support Services (weekly)

M - Minor Impairment	S - Severe Impairment	T - Total Impairment
Cleaning 0 – 45 min	46 – 90 min	91 – 120 min
Laundry 0 – 45 min	46 – 90 min	91 – 120 min
Support 0 – 15 min	16 – 30 min	31 – 45 min

<input type="checkbox"/> Light cleaning	<input type="checkbox"/> Dusting	<input type="checkbox"/> Total help
<input type="checkbox"/> Make bed	<input type="checkbox"/> Living area(s)	
<input type="checkbox"/> Pick up after tasks	<input type="checkbox"/> Bathroom	
<input type="checkbox"/> Light laundry	<input type="checkbox"/> Kitchen	
<input type="checkbox"/> Light hand washing	<input type="checkbox"/> Refrigerator	
<input type="checkbox"/> Gather/sort laundry	<input type="checkbox"/> Change linens	
<input type="checkbox"/> Make shopping list	<input type="checkbox"/> Clean bed-side toilet	
<input type="checkbox"/> Few shopping items	<input type="checkbox"/> Carry out trash	
<input type="checkbox"/> Service Animal feed	<input type="checkbox"/> Load washer	
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Load dryer	
<input type="checkbox"/> Mobility	<input type="checkbox"/> Fold/put away laundry	
	<input type="checkbox"/> Assistive devices	
	<input type="checkbox"/> Shop for food	
	<input type="checkbox"/> Shop for clothes	
	<input type="checkbox"/> Errands/pick up meds	
	<input type="checkbox"/> Self-admin meds	
	<input type="checkbox"/> Prompting/cueing	
	<input type="checkbox"/> Mobility	

Notes:
(1) For any rating, add travel time, as appropriate.
(2) For any rating, exclude assistance with medications for persons unable to self administer.
(3) For any rating, assess jointly in shared living spaces and individually for special needs to include independent living spaces.

Impairment: Clean: _____ Laundry: _____ Support: _____
Other Supports: Yes No If yes, # of days/wk: _____
Min/Wk: _____

6. Supportive Mobility Assistance (daily)

M - Minor Impairment	S - Severe Impairment	T - Total Impairment
0 – 15 min	16 – 30 min	31 – 45 min

<input type="checkbox"/> Some ambulation	<input type="checkbox"/> Much ambulation	<input type="checkbox"/> Total help
<input type="checkbox"/> Some transferring	<input type="checkbox"/> Much transferring	
<input type="checkbox"/> Some repositioning	<input type="checkbox"/> Much repositioning	
<input type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Prompting/cueing	

Note: This service is limited to individuals that require additional mobility assistance that is not covered with other PCO services. The impairment may be rated based on availability and use of appropriate adaptive devices.

Impairment: Supportive Mobility Assistance: _____
Other Supports: Yes No If yes, # of days/wk: _____
Min/Day: _____
Days/Wk: _____

Summary of Weekly PCO Service Time

PCO Tasks	Wkly Minutes
1. Hygiene/Grooming	_____
2. Individual Bowel and Bladder	_____
3. Meal Preparation and Assistance	_____
4. Eating	_____
5. Household and Support Services	_____
6. Supportive Mobility Assistance	_____
Total Weekly PCO Hours:	_____