

**NEW YORK STATE  
MEDICAID PROGRAM**

**PERSONAL CARE SERVICES  
PROGRAM  
PROVIDER MANUAL**

**POLICY GUIDELINES**

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## Section I - Requirements for Participation in Medicaid

Beginning January 1, 2021 all providers of Medicaid-funded Personal Care Services (PCS) must:

- select, and put into production use, Electronic Visit Verification (EVV) Systems that meet the requirements of the 21<sup>st</sup> Century Cures Act and submit required data to NYS via the State's EVV data aggregator;
- be licensed or certified to operate as a home care services agency by the New York State Department of Health (DOH);
- have a contract with the local social services district in which the agency is licensed or certified to provide service;
- be enrolled as a Medicaid provider and;
- have rates established or approved by the DOH.

### Record Keeping Requirements

Record keeping requirements are consistent with those found in **Information for all Providers, General Policy** available at:

<http://www.emedny.org/ProviderManuals/AllProviders/index.html>.

## Section II - Personal Care Services

### Service Definition

Personal care services means some or total assistance with personal hygiene, dressing and feeding, and nutritional and environmental support functions. Such services must be essential to the maintenance of the patient's health and safety in his or her own home, as determined by the social services district, or its designee, in accordance with the regulations of the DOH.

Personal care services may include but are not limited to:

- assistance with nutrition and diet activities such as shopping and meal preparation;
- performance of household services such as changing bed linens, making beds, washing dishes, cleaning the kitchen, dusting and vacuuming rooms, shopping for essential supplies;
- assistance with basic personal care such as bathing, grooming, bathroom and/or bedpan routines, walking, transferring from bed to chair or wheelchair; and
- assistance with self-administration of medications.

Prior to the authorization of personal care services, the local social services district, or its designee, must:

- obtain an order from the patient's physician that describes the patient's medical condition, the personal care services required by the patient, the medication regimen, and whether or not the patient can be safely cared for in the home;
- complete a social assessment to evaluate the potential contribution of informal caregivers, such as family and friends, to the patient's care;
- complete or arrange for completion of a nursing assessment that includes:
  - ▶ a review and interpretation of the physician's order,
  - ▶ an evaluation of the functions and tasks required by the patient and the degree of assistance required for each function and task, and
  - ▶ the development of a plan of care and a recommendation for service authorization.

The plan of care must be a working document designed by the nurse assessor and maintained by the case manager and the provider of services. This plan must include a

regimen to be followed in supervising the care provided to the patient and in the delivery of other health services.

In the event that there is a disagreement between the physician's orders and/or the nursing and social assessments, or where there is disagreement over the appropriateness of the amount or level of care to be provided to the patient, the case will be referred to the Local Professional Director or a physician designated by the Local Professional Director for review and final determination.

### Authorization and Service Provision

All services must be provided in accordance with the prior authorization. Reauthorization by the local social services district, or its designee, is required before any change in service function or hours of service, or substitutions of Providers or Provider agencies.

Following authorization or reauthorization for personal care services, the local social services district, or its designee, will provide written information about the services authorized, including the functions required and the frequency and duration of the services, to the following:

- the Provider agency or individual Provider of services;
- the patient receiving the services; and
- the agency or individual supervising the services.

The Provider agency will assign a personal care worker to provide the required services. In the event that the worker assigned is unable to meet client needs or is unacceptable to the client, the case management agency may request assignment of a different individual. *Attention should be given in the selection of the personal care worker to assure that the worker and the patient can communicate in the same language.*

### Required Supervision for Personal Care Services Workers

All persons providing personal care services must be subject to an on-going program of supervision.

A program of supervision must consist of both administrative supervision and nursing supervision:

- **Administrative Supervision** is the responsibility of the agency providing personal care services. The purpose of this supervision is to assure that personal care services are provided according to the authorization of the agency responsible for

case management and that service delivery complies with all terms of the agreement with the contract agency or individual Provider of services.

- **Nursing Supervision** must prior authorized and must assure that the patient's needs are appropriately met by the case management agency's authorization for the level, amount, frequency and duration of personal care services and that the person providing such services is competently and safely performing the functions and tasks specified in the plan of care.

Nursing supervision must include:

- an orientation visit with the patient and the worker at the time of initial case assignment to insure that the worker providing personal care services understands his/her responsibilities in conjunction with the medical needs of the patient and has received necessary instructions;
- evaluation of the patient's needs to determine if the level, amount, frequency and duration of personal care services continue to be appropriate; and
- evaluation of the ability of the person providing the services and arranging for or providing necessary instructions to meet the medically related needs of the patient in keeping with the goals established by the patient's plan of care.

## Section III - Basis of Payment for Services Provided

Prior authorization from the local department of social services is required for the provision of personal care services. The authorization must be received by the Provider of services prior to the initiation of service delivery.

Payment is only available for personal care services prior authorized by the local social services district, or its designee, and provided in accordance with the authorization and the Provider's contractual agreement with the local social services district.

- Payment will be at the rate established or approved by the DOH Office of Medicaid Management's Bureau of Rates and Reimbursement.
- No payment to the Provider will be made for authorized services unless each claim can be supported by documentation of the time spent per day in provision of services for each individual patient.
- Payment for personal care services will not be made to a patient's spouse, parent, son, son-in-law, daughter or daughter-in-law but may be made to another relative if that other relative:
  - ▶ is not residing in the patient's home; or
  - ▶ is residing in the patient's home solely because the amount of care required by the patient makes his/her presence necessary.
- Failure to capture EVV data may result in termination by the Department.

## Section IV - Definitions

For purposes of the Medicaid program and as used in this Manual, certain terms are defined as follows:

### Case Manager

The case manager serves as a liaison between the client, the client's family, the nurse supervisor, the personal care Provider and the local social services district, or its designee.

The case manager is concerned with the client's total situation in determining needs and coordinating services and shall be responsible for maintaining accurate and complete documentation for each case assigned to him/her.

### Electronic Visit Verification

The 21<sup>st</sup> Century Cures Act (the Cures Act) was signed into law on December 13, 2016, mandating that states implement Electronic Visit Verification (EVV) for all Medicaid personal care services (PCS) and home health care services (HHCS) that require an in-home visit by a provider. States were required to implement EVV use for all Medicaid-funded PCS starting January 1, 2021. Failure to comply with this mandate will result in incremental reductions in Federal Medical Assistance Percentages (FMAP) up to 1%.

The purpose of EVV is to reduce Medicaid fraud, waste, and abuse and to ensure that eligible individuals are receiving the care that they need. EVV will improve program efficiencies by eliminating the need for paper documents to verify services and by facilitating flexibility for appointments and services. It also aims to strengthen quality assurance by improving health and welfare of individuals by validating delivery of services.

The Cures Act requires that EVV systems capture:

- Service type
- Individual receiving the service
- Date of service
- Location of service delivery
- Individual providing the services
- Begin and end times of service

### Personal Care Services

Personal care services are defined as assistance with personal hygiene, dressing and feeding, the performance of incidental household tasks and environmental and nutritional support services essential to the maintenance of a patient's health and safety within his/her own home, ordered by the attending physician, provided in accordance with a plan of care, and supervised by a registered professional nurse.



Personal care services may be provided on two levels depending on the needs and requirements of each patient.

### Personal Care Services - Level I

Personal Care Services – Level I (PCS-I) are physician ordered environmental and nutritional support services necessary to maintain the patient in his/her home, when no family member or other persons are available or able to assist.

Performance of household tasks must be related to medical need and essential to the patient's health and comfort in the home. Such functions may include, but need not be limited to:

- assistance with preparing and serving meals,
- making and changing beds,
- washing dishes,
- cleaning the kitchen,
- dusting and vacuuming rooms the patient uses,
- caring for the patient's laundry,
- shopping for essential supplies, and
- performing other pertinent functions in accordance with the patient's approved plan of care.

### Personal Care Services - Level II

Personal Care Services – Level II (PCS-II) are services provided when, in addition to household tasks, the physician orders assistance with basic personal care, such as:

- bathing,
- grooming,
- bathroom and/or bedpan routines,
- walking,
- transferring from bed to chair or wheelchair, and
- assistance with medications ordinarily self-administered on physician's orders.

## Personal Care Services Patient/Recipient

A personal care services patient/recipient is defined as:

- having assessed health care needs that, in the judgment of the responsible physician and a registered professional nurse pursuant to a written plan of care, can best be met in the person's own home.
- requiring assistance with personal hygiene, nutritional support and/or environmental maintenance.

## Personal Care Worker - Level I

A person who meets the minimum criteria for Personal Care Worker - Level I as defined by the DOH and who *performs only environmental and nutritional functions necessary to maintain the patient in his/her own home.*

The Personal Care Worker - Level I is subject to a program of supervision by a RN who will also orient that worker to the needs of the patient.

## Personal Care Worker - Level II

A person who meets the minimum qualifications as defined by the DOH for Personal Care Worker - Level II and has completed a training program or competency test approved by the DOH.

A Personal Care Worker - Level II assists a patient at home with personal hygiene, dressing, feeding as well as household tasks which are essential to the patient's health. PCS-Level II workers are also subject to a program of supervision by a RN.