

**December 2006**

**Provider Bulletin Number 6103**

# **HCBS FE Providers**

## **Manual Updates**

Changes have been made to the *HCBS FE Attendant Care Provider Manual* and *HCBS FE Sleep Cycle Provider Manual*. These changes include:

### **Attendant Care**

- Level I Service B now includes medication set up
- Instrumental Activities of Daily Living (IADLs) now include set up, cueing, or reminding about medication
- New wording has been added under limitations

### **Sleep Cycle**

- New wording has been added under limitations

Information about the Kansas Medical Assistance Program as well as provider manuals and other publications are on the KMAP Web site at <https://www.kmap-state-ks.us>. For the changes resulting from this provider bulletin, view the *HCBS FE Attendant Care Provider Manual* pages 8-1, 8-7, and 8-10 and the *HCBS FE Sleep Cycle Provider Manual* page 8-1.

If you have any questions, please contact the KMAP Customer Service Center at 1-800-933-6593 (in-state providers) or (785) 274-5990 between 7:30 a.m. and 5:30 p.m., Monday through Friday.

**ATTENDANT CARE SERVICES:**

There are two methods of providing attendant care services, provider directed and self-directed. Customers are given the option to self-direct their attendant care services. A combination of service providers and types of attendant care, either provider directed and/or self-directed, may be used to meet the approved Plan of Care.

**PROVIDER DIRECTED ATTENDANT CARE SERVICES**

Attendant care services provide supervision and/or physical assistance with Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs) for individuals who are unable to perform one or more activities independently. Supervision of IADLs and supervision and/or physical assistance with ADLs may be performed without nursing supervision (K.S.A. 65-6201). Attendant care services may be provided in the individual's choice of housing, including temporary arrangements.

There are two levels of provider directed attendant care services, which are referred to as Level I and Level II. A combination of Level I (Service A & B) and Level II (Service C & D) can be utilized in the development of the Plan of Care. If a combination of Level I and Level II services are included in the Plan of Care, the Level II rate shall be paid if both levels of care are provided by the same provider.

**Level I**

(Nursing supervision is not required for Service A or B)

| <b>Service A</b>   | <b>Service B</b>   |
|--|--|
| Home Management of IADLs <ul style="list-style-type: none"> <li>• Shopping</li> <li>• House cleaning</li> <li>• Meal preparation</li> <li>• Laundry</li> </ul> | IADLs <ul style="list-style-type: none"> <li>• Medication <b>set up</b>, cueing, and reminding (supervision only)</li> <li>• Life management (financial matters, i.e., bill paying)</li> </ul>   |
|  | ADLs-attendant supervises the customer <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Grooming</li> <li>• Dressing</li> <li>• Toileting</li> <li>• Transferring</li> <li>• Walking/Mobility</li> <li>• Eating</li> <li>• Accompanying to obtain necessary medical services</li> </ul> |

### **SELF-DIRECTED ATTENDANT CARE SERVICES**

Attendant care services provide supervision and/or physical assistance with Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs) for individuals who are unable to perform one or more activities independently. Supervision of IADLs and supervision and/or physical assistance with ADLs may be performed without nursing supervision (K.S.A. 65-6201). Attendant care services may be provided in the individual's choice of housing, including temporary arrangements.

| <b>IADLs</b>   | <b>ADLs</b>   |
|--|---|
| <ul style="list-style-type: none"> <li>• Shopping</li> <li>• House cleaning</li> <li>• Meal preparation</li> <li>• Laundry</li> <li>• Medication set up, cueing, or reminding<br/>management and treatments</li> <li>• Life management (financial matters, i.e., bill paying)</li> </ul> | <ul style="list-style-type: none"> <li>• Bathing</li> <li>• Grooming</li> <li>• Dressing</li> <li>• Toileting</li> <li>• Transferring</li> <li>• Walking/Mobility</li> <li>• Eating</li> <li>• Accompanying to obtain necessary medical services</li> </ul> |
| <b>HEALTH MAINTENANCE ACTIVITIES</b>   |   |
| <ul style="list-style-type: none"> <li>• Monitoring vital signs</li> <li>• Supervision and/or training of nursing procedures</li> <li>• Ostomy care</li> <li>• Catheter care</li> </ul>  | <ul style="list-style-type: none"> <li>• Wound care</li> <li>• Range of motion</li> <li>• Reporting changes in functions or condition</li> <li>• Medication administration and assistance</li> <li>• Enteral nutrition</li> </ul>                           |

Customers or their representatives are given the option to self-direct their attendant care services. The customer's representative may be an individual acting on behalf of the customer, an activated durable power of attorney for health care decisions, or a guardian and/or conservator. If the customer or representative chooses to self-direct attendant care, he or she is responsible for making choices about attendant care services, including the hiring, supervising, and terminating the employment of attendants; understanding the impact of those choices; and assuming responsibility for the results of those choices. The customer or representative and case manager will determine if the selected attendant can perform the needed services. Self-directed attendant care is subject to the same quality assurance standards as other attendant care providers including, but not limited to, completion of the tasks identified on the customer service worksheet.

According to K.S.A. 65-6201, a customer who chooses to self-direct their care is not required to have their attendant care supervised by a nurse. Furthermore, K.S.A. 65-6201(d) states that Health Maintenance Activities can be provided “. . . if such activities in the opinion of the attending physician or registered nurse may be performed by the individual if the individual were physically capable, and the procedure may be performed safely in the home.” Health Maintenance Activities must be authorized, in writing, by a physician or registered nurse (RN).

**LIMITATIONS:**

- Attendants must be 18 years of age or older.
- A customer who has a guardian and/or conservator cannot choose to self-direct his or her attendant care; however, a guardian and/or conservator can make that choice on the ward's behalf. ~~been adjudicated as needing a guardian and/or conservator cannot choose to self-direct his or her attendant care; however, a guardian and/or conservator can make that choice on the patient's behalf.~~
- A guardian, a conservator, or an individual acting on behalf of a customer cannot choose himself/herself as the paid attendant. Customers who were active on any HCBS waiver prior to July 1, 2000, and have had the same representative continually directing their care during that time, are exempt from this limitation.
- While a family member may be paid to provide attendant care, a customer's spouse shall not be paid to provide attendant care services unless one of the following criteria from K.A.R. 30-5-307 are met:
  - Three HCBS provider agencies furnish written documentation that the customer's residence is so remote or rural that HCBS services are otherwise completely unavailable;
  - Two health care professionals, including the attending physician, furnish written documentation that the customer's health, safety, or social well-being, would be jeopardized; (Note- documentation must contain how or in what way the customer's health, well-being, safety, or social well-being would be jeopardized);
  - The attending physician furnishes written documentation that, due to the advancement of chronic disease, the customer's means of communication can be understood only by the spouse; or
  - Three HCBS providers furnish written documentation that delivery of HCBS services to the customer poses serious health or safety issues for the provider, thereby rendering HCBS services otherwise unavailable.

Covered services are limited as defined within the approved Plan of Care.

- Covered services are limited to a maximum of eight (8) hours per day. Active customers on the HCBS/FE program before July 1, 2000 and customers that transfer from other HCBS programs are limited to a maximum of twelve (12) hours per day
- Transportation is not covered with this service, but if medically necessary, it may be covered through regular Medicaid.
- This service shall not be paid while the customer is hospitalized, in a nursing home, or other situation when the customer is not available to receive the service.
- More than one attendant will not be paid for services at any given time of the day; the only exception is when justification is documented by the case manager, e.g., two-man lift for safety issues.
- Customers residing in Assisted Living Facilities (ALFs), Residential Health Care Facilities (RHCs), Boarding Care Homes or Home Plus have chosen that provider as their selected caregiver. These housing choices supercede the self-directed care choice.

**Updated 12/06****SLEEP CYCLE SUPPORT:**

This service provides non-nursing physical assistance and/or supervision during the customer's normal sleeping hours in the customer's place of residence, excluding adult care homes.

**This service includes:**

- Physical assistance or supervision with toileting, transferring and mobility.
- Prompting and reminding of medication.

Providers may sleep but must awaken as needed to provide assistance as identified in the customer's service plan. Providers must provide the customer a mechanism to gain their attention or awaken them at any time. Providers must be ready to call a physician, hospital or other medical personnel should an emergency arise.

**LIMITATIONS:**

- Period of service must be at least six hours in length but cannot exceed a twelve hour period of time.
- Only one unit is allowed within a 24-hour period of time.
- Providers of this service must have a permanent residence separate and apart from the customer.
- Provision of Sleep Cycle Support can be provided by the customer's attendant at the discretion of the Case Manager if in the best interest of the customer.
- The Case Manager and the customer will use discretion in determining if the selected caregiver can meet the service need.
- Under no circumstances shall spouses be paid to provide this service.
- Providers must submit a report to the case manager within the first business day following any emergency response provided the customer.

**ENROLLMENT:**

Individuals providing sleep cycle support must meet the following criteria:

- Be at least 18 years of age.
- Have a general knowledge of Sleep Cycle Support tasks and the ability to understand the specific directions of the customer's care requirements as identified in the service plan.
- Be able to respond to emergency situations by phoning appropriate emergency service personnel without direct supervision.
- Providers of this service are selected by the customer.
- Individual providers of this service must enroll through a CIL or HHA, or a company owned or controlled by a CIL or HHA.

**REIMBURSEMENT:**

One unit = Six to Twelve Hours, ~~only one unit is allowed within a 24 hour period of time.~~

Unit Cost = \$22.00

Procedure code = T2025 (sleep cycle support)