



**1240-A DIRECT CARE SERVICES**

(ATTENDANT CARE, PERSONAL CARE, AND HOMEMAKER SERVICES)

~~PREVIOUSLY LOCATED IN 1240-B, 1240-J, 1240-H~~

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INITIAL

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**Overview**

AHCCCS covers direct care services, known as Attendant Care, Personal Care, and Homemaker services, for Arizona Long Term Care System (ALTCS) members who require assistance to meet their needs and allow them to reside in their own home. These services are provided by Direct Care Workers (DCW) and enable members who might otherwise be in a nursing facility or Home and Community Based Services (HCBS) alternative residential setting to remain at, or return to, their own home when that environment is not medically contraindicated and when it is cost effective to do so. Services are designed to assist individuals in acquiring, retaining and improving the self-help skills necessary to reside successfully in Home and Community Based (HCB) settings.

**Definitions**

1. Direct Care Services – The services provided by Direct Care Workers are collectively known as Direct Care Services. There are three types of services within ALTCS that are provided by Direct Care Workers; these include Attendant Care, Personal Care, and Homemaker services. The service specifications related to each service are included in this policy Section F. Refer to Exhibit 1250-2 for codes to be utilized related to these services.
2. Direct Care Worker (DCW) – A person who assists an elderly person or an individual with a disability with activities necessary to allow them to reside in their home. These individuals, also known as Direct Support Professionals, must be employed by DCW Agencies or, in the case of member-directed options, by ALTCS members in order to provide services to ALTCS members. The DCW Agency or ALTCS member, in the case of member-directed options, establishes terms of employment.



3. Direct Care Worker Agency – An agency that registers with AHCCCS as a service provider of Direct Care Services that include Attendant Care, Personal Care or Homemaker. The agency, by registering with AHCCCS, warrants that it has the ability, authority, skills, expertise and capacity to perform the services as specified in AHCCCS policy.
4. Member-Directed Options – Member –directed options (as outlined in Chapter 1300 of this policy) allow members to have more control over how certain services are provided, including services such as attendant care, personal care, homemaker and habilitation. The options are not services, but rather define the way in which services are delivered. Member-directed options are available to ALTCS members who live in their own home. Member-directed options include Agency with Choice, Self-Directed Attendant Care and the Division of Developmental Disabilities’ Independent Provider Network.

**A. GENERAL REQUIREMENTS APPLICABLE TO ALL DIRECT CARE SERVICES**

1. Direct Care services are available only to ALTCS members who reside in their own home. However, Attendant Care services are not limited to the boundaries of the member’s home. As indicated in the individualized care plan, the direct care worker, under Attendant Care, may accompany the member as necessary in order to meet his/her needs in a variety of settings, including, but not limited to: a physician’s office, school setting and workplace. Direct care services are not reimbursable in any inpatient, institutional (as described in Policy 1210 of this Chapter) or Alternative Residential (as described in Policy 1230 of this Chapter) settings.
2. DCW Agencies hire, supervise and control the responsibilities and tasks of the Direct Care Worker as well as establish the rate of reimbursement and wages. DCW Agencies are not required to be certified by a state regulatory board or agency, however, as with any AHCCCS provider, agencies must sign and attest they meet the terms of the AHCCCS Provider Participation Agreement. Agencies must also ensure the basic testing, documentation, and training requirements for DCW’s are satisfied as set forth in this Policy, including those involving direct care services that are provided through the Agency with Choice (AWC) option. Agencies are also responsible for assuring that employees providing services to ALTCS members comply with any additional standards established by the Contactor.. Additional information about the service requirements for AWC can be found in Chapter 1300 of this Manual.
3. Under 9 A.A.C. 22, Article 2, the Contractor has the discretion to approve attendant care services temporarily in a “Contractor Out-of-Service Area,” in



circumstances when it would be of benefit for the member and is cost effective. An example would be for a family caregiver to be paid for accompanying the member while in a “Contractor Out-of-Service Area” in lieu of a nursing facility stay for the member.

As with other HCBS services, the number and frequency of authorized direct care services is determined through an assessment of the member’s needs by the case manager with the member and/or the member’s family, guardian, or representative, in tandem with the completion of the cost-effectiveness study.

4. The DCW training and testing requirements included in this Policy are applicable to the DCWs who provide services through a Direct Care Worker Agency, including DCWs who provide services through the the AWC option.
5. The DCW training and testing requirements included in this Policy are **not** applicable to DCWs providing services to member’s through the the Self Directed Attendant Care Services (SDAC) or to the Division of Developmental Disabilities’ (DDD) Independent Provider Network member-directed options . Service requirements for SDAC can be found in Chapter 1300 of this Manual.

**B. STANDARDS AND REQUIREMENTS APPLICABLE TO ALL INDIVIDUALS WHO ARE EMPLOYED AS DIRECT CARE WORKERS**

1. All Direct Care Workers, including those who are family members, must comply with the following basic standards:
  - a. Hold certification in Cardiopulmonary Resuscitation (CPR) and first aid.
    - i. Training in CPR and first aid must be provided or sponsored by a national recognized organization.
    - ii. Training sessions must be in person in order for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation, chest compressions and first aid skills. Web-based training without the benefit of on-site return demonstration of skills is not acceptable.
  - b. Comply with recommendations and requirements resulting from routine monitoring and supervision by the ALTCS Contractor or subcontracted agency. This is to ensure the competency of the DCW. The monitoring and supervision may also provide assistance with any adjustment issues between the member and the DCW. All monitoring and supervision assessments must be documented and kept in the DCW’s personnel file.



- c. Comply with the objectives and methods specified in the member's individualized care plan. The care plan, based on an assessment of the member's level of functioning and need for direct care service and other services, must be developed by the case manager for each member who is to receive direct care services. The DCW, or agency representative, must notify the case manager or designee of any changes in member condition.
- d. Comply with the applicable Education Requirements described in Section E of this policy.
- ~~d.e.~~ Comply with the applicable background check and Adult Protective Services Registry check outlined in this Policy.

**C. PROGRAM MANAGEMENT COMPONENTS APPLICABLE TO ALL AGENCIES WHO EMPLOY DIRECT CARE WORKERS**

Agencies which employ Direct Care Workers, including those agencies that provide services through the AWC option, are responsible for the following. Additional information about the service requirements for AWC can be found in Chapter 1300 of this Manual.

- 1. -Being registered as an AHCCCS provider.
- 2. Pre-screening all DCW applicants including contacting three references, one of whom must be a former employer, if applicable. This process must also incorporate evaluation of the appropriateness of allowing the member's relatives to provide direct care services.
- 3. No later than 10/01/2018, develop policies and procedures for, and begin conducting background checks of DCWs that comply with the following standards:
  - a. At the time of hire and every three years thereafter conduct a nationwide criminal background check that accounts for criminal convictions in Arizona.
  - b. At the time of hire and every year thereafter, conduct a search of the Arizona Adult Protective Services registry.



- c. Prohibit a DCW from providing services to ALTCS members if the background check results contains:
- i. –Convictions for any of the offenses listed in A.R.S. §41-1758.03(B) or (C), or
  - ii. Any substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the Adult Protective Services registry pursuant to A.R.S. §46-459.
- d. Upon hire and annually thereafter, obtain a notarized attestation from the DCW that he/she is not:
- i. Subject to registration as a sex offender in Arizona or any other jurisdiction
  - ii. Awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any criminal offense listed in A.R.S. §41-1758.03(B) or (C), or any similar offense in another state or jurisdiction.
- e. Require DCWs to report immediately to the agency if a law enforcement entity has charged the DCW with any crime listed in A.R.S. § 1758.03(B) or (C).
- f. Require DCWs to report immediately to the agency if Adult Protective Services has alleged that the DCW abused, neglected or exploited a vulnerable adult.
- g. Agencies may choose to allow exceptions to the background requirements for DCWs providing services to family members only. If the agency allows a DCW to provide services under this exception, the agency shall:
- i. Notify the ALTCS member in writing that the DCW does not meet the background check standards and therefore otherwise would not normally be allowed to provide services, and
  - ii. Obtain consent from the ALTCS member to allow the DCW to provide services despite the findings of the background check.
- h. Agencies are prohibited from allowing exceptions to the Adult Protective Services for DCWs providing services to family members only.



4. Effective 10/01/2018 agencies required to comply with Fingerprint Clearance Card requirements outlined in A.R.S. Title 41, Chapter 12, Article 3.1, may use a DCW's Fingerprint Clearance Card as evidence of complying with the criminal background check required by this Policy; however, the agency must still comply with the obligation to check the Arizona Adult Protective Services Registry.

DCWs are prohibited from providing services to ALTCS members if the DCW is precluded from receiving a Fingerprint Clearance Card or has a substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the Adult Protective Services registry pursuant to A.R.S. §46-459.

2.5. Matching the skills of qualified DCWs with each ALTCS member's needs for Direct Care Services, as well as the member's personal preferences. The member and/or member representative should be offered the opportunity to interview and select an appropriate DCW. The agency needs to be available to assist in their process as requested. The entire selection process should occur as expeditiously as possible subsequent to the referral. The process also includes initiating a written agreement between the member and/or member representative and the DCW that delineates the responsibilities of each.

3.6. Assuring that all DCWs hold current certification in CPR and first aid prior to providing care to an ALTCS member.

4.7. Providing supervisory visits of DCW as described in Section D of this Policy.

5.8. Verifying the delivery of DCW services, including methodologies to discourage falsification of time sheets and other records that demonstrate the type, amount, duration and frequency of services provided, and providing payment for such services within agreed upon timeframes.

6.9. Maintaining records which demonstrate:

- a. The number of hours authorized and spent in all other management activities specified above, and
- b. Records of DCW work verification, educational requirements and payment that are retained according to 9 A.A.C. 28, Article 5.

7.10. Ensuring compliance with education requirements described in Section E of this policy by either becoming an Approved Direct Care Worker Training and Testing Program or delegating the responsibility of DCW training and testing to an Approved Direct Care Worker Training and Testing Program (see AHCCCS Contractor Operations Manual, Policy 429 for approved Direct Care Worker



Training and Testing Program requirements and standards). Additionally, agencies that employ DCWs must ensure compliance with training and testing records maintenance standards outlined below. Non-compliance may result in contract termination and/or termination of AHCCCS provider registration.

- a. Manage and maintain individual DCW training and testing records that includes:
  - i. Services provided by the DCW,
  - ii. Exemptions from training and testing requirements (if applicable),
  - iii. Hire date and date training period concluded,
  - iv. Standard form utilized to obtain permission from DCW to access testing records in the online database,
  - v. Verification of testing type(s), date(s), module(s) and score(s). Verification sources may include a completed Verification of Direct Care Worker Testing form from a former employer (available on the AHCCCS website ([www.azahcccs.gov/dcw](http://www.azahcccs.gov/dcw)) or official transcript from an Approved Direct Care Worker Training and Testing Program, and
  - vi. Annual timeframe, hours, topics and delivery methods for continuing education.
- b. Integrate the use of the AHCCCS DCW and trainer testing records online database into day to day business practices. The primary purpose of the online database is to serve as a tool to support the portability or transferability of DCW or trainer testing records from one employer to another employer. The database is available online at <https://dcwrecords.azahcccs.gov> and provides a complete computer-based training modules, a frequently asked questions document and a User Guide under the “help” tab. Employers of DCWs shall:
  - i. Maintain a list of organizational users and notify AHCCCS when a user account must be terminated or suspended
  - ii. Maintain and manage a list of employees who will be or have been sent for training/testing including status changes of employees (hired, terminated, resigned) within 30 days of the status change
  - iii. Utilize a standard form to obtain permission from current/prospective employees to access testing records in the online database: and
  - iv. In the event testing records are not available in the online database, a hard copy form must be used for testing record verification. A current/former/prospective employer of a DCW shall share upon request and/or may solicit testing records using the *Verification of Direct Care Worker Testing* form. The *Verification of Direct Care Worker Testing* form is available on the AHCCCS website



[www.azahcccs.gov/dcw](http://www.azahcccs.gov/dcw). The employer shall maintain copies of the verification of testing forms provided to and/or requested from another DCW employer. Verification may also include an official transcript from an Approved Training and Testing Program of the test type(s), date(s), module(s), and score(s).

- c. Back-up documentation shall be retained for a minimum period of six years. Back-up documentation includes the testing search authorization standard form and back-up documentation for any and all entered data in the online database or any data pertaining to training and testing of DCWs. The documentation can be retained in either an electronic or hard copy filing system.

**a. SUPERVISORY VISITS APPLICABLE TO ALL DIRECT CARE SERVICES**

Agencies are required to perform periodic supervisory visits to assess and document the DCW's competency in performing the assigned duties in a safe manner, as ordered and according to the training the DCW has received. Supervisory visits must be documented in the member's case file and cross-referenced in the DCW's personnel file. There are distinct timeframes for these visits, as well as instances when DCWs must be present and circumstances when they do not need to be present. Therefore, the primary documentation is maintained in the member's file with a cross-reference to the DCW's file. Supervisory visits apply when services are provided under the AWC option as well.

When the agency determines through supervisory visits or other oversight activities that services were not provided as authorized, the reasons for the non-provision of services must be documented by the provider in the member's case file and reported to the m Contractor. The Contractor must be notified if any potential fraud or abuse is suspected (e.g., timesheet fraud by DCW and/or member/ representative).

1. Supervisory visits requiring the DCW's presence.

Some supervisory visits must be performed while the DCW is providing services, in order to observe the care being provided. Supervisory visits completed while the DCW is physically in the member's home are required within the **first** 90 days of the DCW's hire date, and annually thereafter, unless otherwise warranted. These visits may be combined with Item 2 below as determined applicable.

2. Supervisory visits not requiring the DCW's presence.

The following supervisory visits do **not** require the presence of the DCW at the time of the visit, although these visits may be combined with Item 1 above as determined applicable.





**NOTE:** The timing of these supervisory visits for the first 90 days is based on the date of the initial service provision, and not the date of the initial service authorization. After the first 90<sup>th</sup> day visit, all other 90 day visits occur at least every 90 days from the previous visit.

They are as follows:

- a. Attendant Care/Personal Care Services: Supervisory visits for attendant care and personal care services are required in order to speak with the member regarding the quality of care, delivery of services and education of the member about the need to call the agency if concerns develop between supervisory and/or case manager visits.
  - i. From the date of initial service provision and for the next 90 days, supervisory visits are required by the 5<sup>th</sup> day, 30<sup>th</sup> day, 60<sup>th</sup> day (is only required if issues are identified) and 90<sup>th</sup> days from the initial service provision date.
  - ii. The 5<sup>th</sup> day visit shall not occur on the day of the initial service provision. The 30<sup>th</sup>, 60<sup>th</sup> and 90<sup>th</sup> day visits must occur within five days of their due date.
  - iii. After the initial 90<sup>th</sup> day visit, all other visits occur at least every 90 days from the previous visit. This 90<sup>th</sup> day visit must not occur more than five days after its due date.
  - iv. Home Health Agency visits are in accordance with 9 A.A.C. 10, Article 11.

SUPERVISORY VISIT TABLE: EXAMPLE	
PROVISION OF SERVICE DATE: 05/01/2010	
TYPE OF VISIT	OPTIMAL VISIT DATE
5 Day	05/06/2010
30 Day	05/31/2010
60 Day	06/30/2010 (only if needed)
90 Day	07/30/2010
2 <sup>nd</sup> 90 Day	10/28/2010

- b. Homemaker Services: Supervisory visits for homemaker services are required in order to speak with the member regarding the quality of care,



delivery of services and education of the member about the need to call the agency if concerns develop between supervisory and/or case manager visits. The supervisory visit requirements are the same as “a” in this section except that the 5<sup>th</sup> day visit, depending on the nature of the care being performed, can be made by telephonic contact.

**E. EDUCATION STANDARDS APPLICABLE TO ALL DIRECT CARE WORKERS (ATTENDANT CARE, PERSONAL CARE AND HOMEMAKER SERVICES)**

AHCCCS has established and imposed minimum competency standards for DCWs to ensure consistency in the provision of and the quality of care for ALTCS members. All DCWs must hold current certification in CPR and first aid, and meet the required training and testing standards outlined in this policy. All DCWs, including those who are family members, must demonstrate skills, knowledge and ability to provide care as a paid caregiver to ALTCS members. The specific knowledge and skills that are required are dependent on the type of care that will be provided. The DCW competencies, created through the Arizona Direct Care Workforce Initiative, provide the basis for the required training and testing. A DCW, including those who are family members, may require additional training to meet the specific needs of an individual ALTCS member.

The “Principles of Caregiving” provide the basis for the competencies for training and testing. Although agencies are not required to utilize the *Principles of Caregiving* training manuals, the competencies included in the *Principles of Caregiving* training manuals must be included in any alternative curriculum. The required tests are based on these competencies. Links to this and other information is located at <http://www.azahcccs.gov/dcw>.

1. Oversight Requirements:

- a. AHCCCS Administration Oversight: AHCCCS will be responsible for the review and approval of applications for an Approved Training and Testing Program. AHCCCS may audit Approved Training and Testing Programs to ensure compliance with Policy. See ACOM, Policy 429, at <http://www.azahcccs.gov/dcw>.
- b. Contractor Oversight: The Contractors will audit Approved Training and Testing Programs to ensure compliance with Policy. See ACOM, Policy 429 at <http://www.azahcccs.gov/dcw>.

2. Training and Testing Period Standards



- a. A DCW with an initial hire date prior to 10/01/2012 is deemed to meet the training and testing requirements with the DCW agency(ies) they are currently employed. However, if the DCW becomes employed with another agency on or after 10/01/2012, they shall meet the training and testing requirements contained within this policy. All DCWs with an initial hire date on or after 10/01/2012 must meet the DCW training and testing requirements contained within this policy.
  - b. DCW agencies have 90 calendar days from date of hire to train and test DCWs. It is permissible for DCWs to provide care during the 90 day training period. In the event the DCW's 90 day training period has expired prior to the DCW receiving training and passing the knowledge and skills tests, the DCW must stop providing care until the training and testing requirements are met.
  - c. A DCW who has not worked as a DCW or has no work experiences similar to that performed by DCWs in the last two years will be required to demonstrate competency by passing both a knowledge and skills test prior to caring for ALTCS members.
3. Training and Testing Exemptions
- a. A DCW who is a Registered Nurse, Licensed Practical Nurse or Certified Nursing Assistant per A.R.S. 32, Chapter 15 is exempt from the DCW training and testing requirements. This exemption allows the DCW agency the discretion to test and train their employees as determined necessary.
  - b. A family caregiver who is providing care to a family members only, is exempt from the Level II – Specialized modules training and testing requirements.

2. Levels of Training

Demonstration of skills, knowledge and ability is required at the following levels for the specified direct care workers. Skills, knowledge and ability are demonstrated by completion of the course and passing a knowledge test and skills test that is based on the "Principles of Caregiving" or equivalent and approved curriculum. As discussed above in this section, completion of a training course is recommended; however, demonstration of knowledge and skills by testing is mandatory. Unless exempt as per Section 1240 A, the DCWs must achieve a score of 80% for each knowledge test and pass all (100%) of the skills test for any curriculum modules. A DCW agency may permit an employee to take a challenge test (taking a test without being trained), for both the Level I and Level



II modules, if they have the education similar to what is required for DCWs or work experiences similar to that performed by the DCWs. The agency must verify and document the DCWs related educational and work experiences.

a. Level I – Introduction to and Fundamentals of Caregiving

Must be completed by all DCWs, including family caregivers, to provide direct care services to ALTCS members (except as noted in 1240 A). Applicable to all DCWs providing Attendant Care, Personal Care, and Homemaker services.

b. Level II – Specialized Modules (Aging and Physical Disabilities or Developmental Disabilities).

Must be successfully completed by all DCWs providing Attendant Care, Personal Care or Homemaker services (excluding family caregivers who provide care to family members only). Successfully completing Level II means at least one of the specialty modules must be completed and the DCW must pass the knowledge test and skills test. DCWs shall take the appropriate Level II modules training and tests that correlates to the population that they serve. If the DCW serves both the elderly and physical disabled population and the developmentally disabled population they will be required to take both Level II modules.

3. Continuing Education

a. Six hours of continuing education are required annually. For DCWs hired prior to October 1, 2012, the yearly timeframe for continuing education is from October-September. For DCWs hired on or after October 1, 2012, the yearly timeframe for continuing education is the anniversary of their date-of-hire.

b. The training completed in the first year to become a qualified DCW can be counted towards the required six hours of continuing education.

c. CPR and first aid training cannot count toward the six hour requirement.

d. Continuing Education shall include training on additional curriculum modules and relevant topics. It is not the intent of continuing education to repeat the same topics year after year.

i. The “Principles of Caregiving, Alzheimer’s Disease and Other Dementias” module developed by representatives of residential care, home and community based care, experts in the fields of



communication, behavior, and activities is recommended for continuing education. The module comes complete with test.

- e. For family caregivers, the continuing education can be specific to the service recipient.
- f. Continuing education can be offered in many forms, including in-service, video/Digital Video Disk (DVD), written material, attendance at a class or conference, and so forth. Consideration should be given to allow family caregivers to complete the materials at home.

#### F. SERVICE SPECIFICATION APPLICABLE TO DIRECT CARE SERVICES

The service specifications related to each Direct Care service (Attendant Care service, Personal Care service, and Homemaker) are individually discussed in this section. See additional information and requirements related to these services when they are provided through the Self Directed Attendant Care or the Agency with Choice options in Chapter 1300 of this manual.

#### I. ATTENDANT CARE

##### Description

AHCCCS covers attendant care services provided to ALTCS members. The attendant provides assistance with a combination of services which may include homemaking, personal care, and general supervision. This service enables members who might otherwise be in a nursing facility or HCB alternative residential setting to remain at, or return to, their own home when that environment is not medically contraindicated and when it is cost effective to do so. The intent of attendant care is to initiate strong support for keeping members integrated with their families, communities and other support systems. This service requires involvement from the member and/or the member's family, guardian or representative in decisions related to attendant care provider functions.

##### Amount, Duration and Scope

Other HCBS may be provided in conjunction with attendant care. However, within the same day, attendant care services may not be provided in conjunction with personal care, home delivered meals and homemaker services without special justification by the case manager and approval by the ALTCS Contractor or AHCCCS Administration for FFS members as these services are generally considered a duplication of each other.



Adult day health care/group respite services are also excluded on days when attendant care is provided unless rationale has been specifically justified by the member's case manager, and approved by the ALTCS Contractor or AHCCCS Administration for FFS members.

Under 9 A.A.C. 22, Article 2, the contractor has the discretion to approve attendant care services temporarily in a "Contractor Out-of-Service Area", in circumstances when it would be of benefit for the member and is cost effective. An example would be for a family caregiver to be paid for the care of the member while in a "Contractor Out-of-Service Area" in lieu of a nursing facility stay for the member.

1. Attendant care services are provided in accordance with the member's individualized care plan and include, but are not limited to:
  - a. Homemaker tasks including cleaning, laundry, food preparation and essential errands such as grocery shopping, securing medical supplies and household items.
  - b. Personal care including bathing, skin care, oral hygiene, toileting, ambulation, grooming, dressing, nail care, feeding as necessary, use of assistive devices and caring for other physical needs. Care specifically excludes skilled tasks such as wound care and bowel care that can only be performed by a licensed registered nurse or delegated by a licensed registered nurse to a licensed practical nurse.
  - c. General supervision which includes:
    - i. Monitoring of a member who cannot be safely left alone.
    - ii. Assisting with self-administration of medications, (when the member is physically unable to administer his/her medications, the member may direct the caregiver in this task), and
    - iii. Monitoring the member's medical condition and ability to perform the activities of daily living.
  - d. Coordination with the member and/or the member's family, guardian or representative to assure activities and necessary services are provided to meet the objectives of the member's individualized care plan.
  - e. Assistance with skill development, training in activities of daily living, and
  - f. Documentation of and communication with the attendant care agency and the member's case manager regarding any decline, improvement or continuing maintenance of the member's condition.



2. Program management components applicable to the Agency which provides Attendant Care Services.
  - a. Provide any necessary specialized training or technical assistance in order for a selected Attendant to provide necessary services to the member.
  - b. Provide necessary training for the member and/or representative in evaluation of the Attendant and effectively managing complex situations (i.e., grievances, thefts or terminations).
3. Attendant Care Provider (Caregiver) / Parent as paid Caregiver standards and requirements.

The following immediate relatives may not provide attendant care:

- a. Natural parent \*
- b. Adoptive parent \*, and
- c. Stepparent\*

\* Parents may provide attendant care services if the member is 18 years or older, or under limited circumstances, for members under the age of 18, when approved by the AHCCCS Administration. For both FFS and managed care members under the age of 18, the decision for payment of a parent must be made in coordination with the AHCCCS Administration.

4. Attendant Care Provider (Caregiver) / Spouse as paid Caregiver standards and requirements:

For purposes of this section, “extraordinary care” means care that exceeds the range of activities that a spouse would ordinarily perform in the household on behalf of the ALTCS member if the member did not have a disability or chronic illness, and which are necessary to assure the health and welfare of the member and to avoid institutionalization.

A member may choose to have attendant care services provided by his/her spouse as a paid caregiver subject to the following conditions and limitations:

- a. The member must reside in his/her own home, as defined in Chapter 100 of this Manual.



- b. The Program Contractor or Tribal Contractor ensures that the member understands that he/she has the choice of a provider of attendant care other than the member's spouse.
- c. Attendant care services must be described in the member's care plan prepared by the member's case manager.
- d. The case manager must at least annually record in the member's care plan the member's choice to have attendant care provided by the member's spouse as a paid caregiver (refer to Chapter 1600, Exhibit 1620-12 regarding signature of the "Spouse Attendant Care Acknowledgement of Understanding Form").
- e. Attendant care services provided by the spouse must meet the definition of extraordinary care as described in this section.
- f. The spouse must be:
  - i. Employed by a provider Agency that subcontracts with the member's Contractor or
  - ii. If the member is developmentally disabled, the spouse must be either employed by a provider Agency that subcontracts with the member's Contractor or employed by a member under the Division of Developmental Disabilities' Independent Provider network member-directed option, or
  - iii. If the member is a Native American enrolled in FFS, the spouse must be employed by an AHCCCS registered provider Agency.
- g. The spouse must meet the standard training requirements and other provider qualifications included in this policy with one exception in respect to spouses employed by a member under the Division of Developmental Disabilities' Independent Provider Network member-directed options. In this circumstance, members may elect whether or not to require the DCW to satisfy the minimum competency standards outlined in Section 5 of this policy.
- h. For managed care, the spouse must be paid at a rate that does not exceed that which would otherwise be paid to a non-spouse caregiver providing a similar level of attendant care services. For FFS, the spouse must be paid at a rate that does not exceed the capped FFS payment for attendant care services.





- i. The spouse providing attendant care services as a paid caregiver shall not be paid for more than 40 hours of services in a seven-day period.
- j. For a member who elects to have his/her spouse provide attendant care services as a paid caregiver, attendant care or similar services (e.g. personal care and homemaker), in excess of the 40 hours cannot be paid to the spouse regardless of who employs the spouse. A spouse who provides attendant care services or alternatively, personal care and homemaker services, is prohibited from providing more than 40 hours per week of paid care to the spouse under any circumstances: A different caregiver would be required to provide any care to the ALTCS member authorized in excess of 40 hours per week.
- k. When a member has been authorized attendant care services with a spouse as the paid caregiver, who can only provide a portion of those hours, it is allowable to authorize another agency or DCW under the Division of Developmental Disabilities' Independent Provider Network member-directed option to provide the balance of the authorized hours not to exceed 40 total hours of attendant care.
- l. By electing to have the member's spouse provide attendant care services as a paid caregiver, the member is not precluded from receiving any other medically necessary, cost effective home and community-based services.. Members are eligible for respite care services subject to applicable limitations as noted in the respite care services section of this chapter.

## II. PERSONAL CARE

### Description

AHCCCS covers personal care services for ALTCS members who require assistance to meet essential personal physical needs and who reside in their own home. This service enables members who would otherwise be in a nursing facility or HCB alternative residential settings to remain at, or return to, their own home when that environment is not medically contraindicated and when it is cost effective to do so.

### Amount, Duration and Scope



Personal care services are available to ALTCS members who reside in their own home. Personal care services are not a reimbursable service in HCB alternative residential settings as described in Policy 1230.

Within the same day, personal care services can only be provided by exception with the following services:

Within the same day, personal care services cannot be provided in conjunction with attendant care, home health aide services, adult day health care or group respite, without special justification from the member's case manager that is approved by the Managed Care Contractor or the AHCCCS Administration for Fee-For-Service (FFS) members. There are no restrictions on other services provided in conjunction with personal care services on any given day.

One unit of service equals 15 minutes and includes, but is not limited to, the following types of services:

- a. Assisting members with bathing, feeding, skin care, oral hygiene, toileting, ambulation, transferring, grooming, dressing, nail care, use of assistive devices, use of special appliances and/or prosthetic devices, and caring for other physical needs (excluding bowel care that can only be performed or delegated by a licensed registered nurse to a licensed practical nurse as necessary).
- b. Encouraging family support and training caregivers, as appropriate, to meet objectives of the member's individualized care plan, and
- c. For members who exhibit additional medical or social problems, or changes in existing conditions during the course of service delivery, the personal care provider is responsible for informing his/her agency and/or the case manager of these changes.

### III. HOMEMAKER SERVICES

#### Description

AHCCCS covers homemaker services provided through a Contractor or AHCCCS Administration to ALTCS members who require assistance in the performance of activities related to household maintenance. The service is intended to preserve or improve the safety and sanitation of the member's living conditions and the nutritional value of food/meals for the member. In addition, this service enables members who would otherwise be in a nursing facility or HCB alternative residential setting to remain



at, or return to, their own home when that environment is not medically contraindicated and when it is cost effective to do so.

**Amount, Duration and Scope**

Homemaker services are available only to ALTCS members who reside in their own home. Members residing in HCB alternative residential settings described in Policy 1230 are not eligible to receive homemaker services.

Within the same day, homemaker services cannot be provided in conjunction with attendant care, or home health aide services that encompass homemaker tasks, without special justification from the member's case manager that is approved by the Managed Care Contractor or the AHCCCS Administration for FFS members. There are no restrictions on other services provided in conjunction with homemaker services on any given day.

One unit of homemaker service is 15 minutes. The number and type of homemaker services must be approved by the member's case manager and provided in accordance with the member's service plan. Homemaker services include, but are not limited to:

- a. Cleaning tasks necessary to attain and maintain safe and sanitary living conditions for the member and pest control services (on a per diem basis).
- b. Meal planning, food preparation and storage tasks necessary to provide food/meals that meet the nutritional needs of the member.
- c. Laundry tasks, such as laundering the member's clothing, towels and bed linens.
- d. Shopping for items such as food, cleaning and laundry supplies and personal hygiene supplies for the member only.
- e. Other household duties and tasks, as included in the member's individualized care plan that are necessary to assist the member. This may include hauling water or bringing in wood or coal and indicated by the member's environment, and
- f. For members who exhibit additional medical or social problems, or changes occur in existing conditions during the course of service delivery, the homemaker provider is responsible for informing his/her agency, and/or the case manager, of these issues.