



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TN 37243

TITLE: Policy on Medicaid HCBS Waiver Personal Assistance Services

POLICY #: P - 006 - A

- A. PURPOSE:** This policy clarifies the definition of personal assistance services that are provided through the Medicaid Home and Community Based Services (HCBS) waivers for persons with mental retardation.
- B. APPLICABILITY:** This policy provides clarification regarding personal assistance services provided through the Medicaid HCBS waivers for persons with mental retardation.
- C. DEFINITIONS**
1. **"HCBS waiver" or "waiver"** means a Home and Community Based Services waiver for persons with mental retardation that includes the following;
 - a. Home and Community Based Services Waiver for the Mentally Retarded and Developmentally Disabled (#0128.90.R2A.01) and any amendments thereto;
 - b. Home and Community Based Services Waiver for Persons with Mental Retardation (#0357.90.01) and any amendments thereto; and
 - c. Self-Determination Waiver Program (#0427.01) and any amendments thereto.
 2. **"Personal Assistance"** means the provision of direct assistance with activities of daily living (e.g., bathing, dressing, personal hygiene, eating/feeding, meal preparation excluding cost of food), household chores essential to the health and safety of the service recipient, assistance in paying bills, accompanying the service recipient to health care appointments, and interpersonal and social skills building to enable the service recipient to live in a home in the community. It also includes medication administration as permitted under Tennessee law (TCA 68-1-904).
- D. DESCRIPTION OF POLICY**
1. Personal Assistance is a service that is provided for the direct benefit of the service recipient. It is not a service that provides assistance to other members of the household (e.g., preparation of meals for the family, family laundry). Personal Assistance staff are not required to provide any personal assistance services to family members of the service recipient. Personal Assistance includes the following services provided to or on behalf of the service recipient:
 - a. Direct assistance with activities of daily living, including but not limited to:
 - (1) Bathing;

- (2) Dressing;
 - (3) Grooming;
 - (4) Personal hygiene;
 - (5) Toileting and incontinence care;
 - (6) Assistance with transfer and mobility;
 - (7) Feeding/assistance with eating; and
 - (8) Meal preparation excluding cost of food; and
- b. Household chores essential to the health and safety of the service recipient, including but not limited to:
- (1) Washing dishes;
 - (2) Personal laundry; and
 - (3) General housekeeping such as sweeping and mopping floors, dusting, cleaning) in the areas used by the service recipient; and
- c. Supervising and accompanying the service recipient:
- (1) To medical appointments, if needed, as specified in the Individual Support Plan (ISP); and
 - (2) On personal errands such as grocery shopping, picking up prescriptions, paying bills; trips to the post office; and
- d. Medication administration as permitted under Tennessee law (TCA 68-1-904).
2. Personal Assistance shall be provided in accordance with the approved ISP and in accordance with this policy.
3. While Personal Assistance is a service primarily intended to provide in-home assistance with activities of daily living and household chores essential to the health and safety of the recipient, it is not restricted only to the service recipient's home.
- a. Personal Assistance includes the occasional provision of services in the community (e.g., accompanying the service recipient to medical appointments).
 - b. Personal Assistance does not include routine provision of personal assistance services in an area outside the service recipient's community of residence except on an exception basis and in accordance with the approved ISP.
4. Personal Assistance shall not be provided:
- a. In schools for school-age children;
 - b. To replace personal assistance services required to be covered by schools;
 - c. To transport or otherwise take children to or from school;
 - d. In an inpatient hospital, nursing facility, or Intermediate Care Facility for the Mentally Retarded (ICF/MR);
 - e. In a group home, boarding home, or assisted living home if the home's licensure category requires the provision of personal assistance (personal care) services; or
 - f. In the residence of the Personal Assistance provider except for a special event (e.g., a party) that has been authorized in the Individual Support Plan.

5. Personal Assistance is not intended to replace personal care services available through the TennCare Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program for children under 21 years of age or TennCare home health aide services.
6. Personal Assistance may be provided during the day or night, as specified in the approved ISP.
7. Family members who provide Personal Assistance must meet the same standards (provider qualifications) as providers who are unrelated to the service recipient. The Personal Assistance provider shall not be
 - a. The spouse of the service recipient;
 - b. The service recipient's parent if the service recipient is under age 18 years; or
 - c. Any other individual who is a conservator unless so permitted in the Order for Conservatorship.
8. The definition of Personal Assistance does not include transport of the service recipient as a requirement.
 - a. During the time period when the provider is furnishing Personal Assistance services, the provider is obligated to assist the service recipient in scheduling Individual Transportation Services in accordance with the approved Individual Support Plan. The Personal Assistance provider is not obligated to provide transportation for the service recipient, but may choose to do so. There is, however, no additional reimbursement when the Personal Assistance provider chooses to transport the service recipient except that a Personal Assistance provider who is also an Individual Transportation Services provider may bill for Individual Transportation Services for transport of the service recipient into the community in accordance with Medicaid waiver guidelines and the approved Individual Support Plan.
 - b. When medical services are provided by a TennCare Managed Care Organization (MCO), transportation to such services is the responsibility of the MCO if the service recipient lacks transportation. When it is medically necessary for Personal Assistance staff to be transported with the service recipient to a medical appointment that will be reimbursed by the MCO, approval for such transport must be requested from the MCO that is responsible for the cost and scheduling of the transportation service.
9. With the exception of service recipients who self-direct Personal Assistance services through the Tennessee Self-Determination Waiver Program, the service recipient (or the service recipient's parent, legal guardian or conservator) does not have the right to hire and fire Personal Assistance staff, although the service recipient does have the right to choose another available qualified provider of Personal Assistance.
10. Service requests for Personal Assistance must specify the specific services that the Personal Assistance provider will provide for the benefit of the service recipient and the amount, frequency, and duration of the Personal Assistance services.
11. The Personal Assistance provider may provide Personal Assistance services out-of-state in accordance with the following:
 - a. The provision of out-of state Personal Assistance must be included in the ISP and prior approved.
 - b. The Personal Assistance provider must be able to assure the health and safety of the service recipient during the period when services will be provided out-of-state and must be willing to assume the additional risk and liability of provision of services out-of-state.

- c. During the period when out-of-state services are being provided, the Personal Assistance provider must maintain an adequate amount of staffing to meet the needs of the service recipient.
- d. The Personal Assistance provider shall not receive any additional reimbursement for provision of Personal Assistance services out-of-state. The costs of travel, lodging, food, and other expenses incurred by Personal Assistance staff during the provision of out-of-state services shall be the responsibility of the provider and shall not be reimbursed through the Medicaid HCBS waiver. The costs of travel, lodging, food, and other expenses incurred by the service recipient while receiving out-of-state Personal Assistance services shall be the responsibility of the service recipient and shall not be reimbursed through the Medicaid HCBS waiver.
- e. Out-of-state services shall be for the purpose of visiting relatives or for vacations and shall be included in the service recipient's plan of care. (Trips to casinos or other gambling establishments shall be excluded.)
- f. Out-of-state services shall be limited to a maximum of 14 days per service recipient per year.

E. **ATTACHMENTS** (if any)

F. **PREVIOUS POLICY** (if applicable)

G. **DATE APPROVED BY TENNCARE:** September 29, 2006

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H. **POLICY APPROVAL**



Signature of Assistant Commissioner
Office of Policy, Planning, and Consumer Services

11/28/06
Date



Signature of Deputy Commissioner
Division of Mental Retardation Services

11/28/06
Date