

1240 - A - DIRECT CARE SERVICES (ATTENDANT CARE, PERSONAL CARE, AND HOMEMAKER SERVICES)

EFFECTIVE DATES: 10/01/12, 03/01/13, 10/01/13, 10/01/14, 10/01/18, 09/05/24

APPROVAL DATES: 03/01/13, 10/01/13, 10/01/14, 07/20/17, 05/21/24

I. PURPOSE

This Policy applies to ALTCS E/PD and DES DDD (DDD) Contractors; and Fee-For-Service (FFS) Program Tribal ALTCS. This Policy establishes requirements regarding covered 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 to allow members to reside in their own home. These services are provided by Direct Care Workers (DCWs), including Family Members as paid caregivers. The services provided by DCWs enable members who might otherwise be in a nursing facility or Alternative Home and Community Based Services (HCBS) 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 HCBS settings.

II. DEFINITIONS

For purposes of this Policy, the following terms are defined as:

DIRECT CARE SERVICES	The services provided by Direct Care Workers (DCW)s are collectively known as Direct Care Services. There are three types of services within ALTCS that are provided by DCWs; these include attendant care, personal care, and homemaker services.
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/contracted by DCW Agencies or, in the case of member-directed options, employed by ALTCS members to provide services to ALTCS members.
DIRECT CARE WORKER (DCW) 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 a workforce (employees or contractors) with the abilities, skills, expertise, and capacity to perform Direct Care Services.

FAMILY MEMBERS

The following relatives of a member are defined as family members in the context of what family members may get paid to provide services to AHCCCS members:

1. Spouse,
2. Adult children/Stepchildren,
3. Son/Daughter-in-law,
4. Grandchildren,
5. Siblings/Step Siblings,
6. Parents/Stepparents/Adoptive Parents,
7. Grandparents,
8. Mother/Father-in-law, and
9. Brother/Sister-in-law.

**MEMBER-DIRECTED
OPTIONS**

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 (AWC), Self-Directed Attendant Care (SDAC), and the Division of Developmental Disabilities (DDD)'s Independent Provider Network.

III. POLICY**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. 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 Health Care Decision Maker (HCDM) in tandem with the completion of the cost-effectiveness study.
2. Direct Care Services are not reimbursable in any institutional or Alternative HCBS settings as specified in AMPM Policy 1210 and AMPM Chapter 1200, Section 1230).

AHCCCS will allow (under limited circumstances, as specified in this Policy) for the provision of attendant care and personal care services while the member is in a hospital inpatient or emergency room setting.

3. Attendant and personal care services are not limited to the boundaries of the member's home. As indicated in the Person-Centered Service Plan (PCSP), the Direct Care Worker (DCW), under attendant care, may accompany the member as necessary to meet their needs in a variety of settings, including, but not limited to:
 - a. A physician's office,
 - b. School setting, and
 - c. Workplace.

4. The DCW Agencies hire/contract, supervise/monitor, and control/define the responsibilities and tasks of the DCW as well as establish the rate of reimbursement/wages for the DCW. The DCW Agencies are not required to be certified by a state regulatory board or agency; however, agencies shall register with AHCCCS, sign, and attest to meeting the terms of the AHCCCS Provider Participation Agreement (PPA). Agencies shall also ensure the basic testing, documentation, and training requirements for DCWs 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/contractors providing services to ALTCS members comply with any additional standards established by the Contactor. Additional information regarding service requirements for AWC can be found in AMPM Policy 1310-A.
5. Parents may provide direct care services if the member is 18 years or older, or under limited circumstances, for members under the age of 18, when approved by AHCCCS. For all members under the age of 18, the decision for payment of a parent shall be made in coordination with AHCCCS.

The following Family Members are excluded from providing Direct Care Services for payment to members under the age of 18:

- a. Natural parent,
 - b. Adoptive parent, and
 - c. Stepparent.
6. Under AAC R-22-2, the Contractor has the discretion to temporarily approve attendant and personal care services in a location outside of the Contractor's Geographic Service Area (GSA), when circumstances would be of benefit for the member and when cost effective. An example of appropriate approval would be for a family caregiver to be paid for accompanying the member while outside of the Contractor's GSA in lieu of a nursing facility stay for the member.
 7. The DCW training and testing requirements included in this Policy are applicable to DCWs who provide services through a DCW Agency, including DCWs who provide services through the AWC option.
 8. The DCW training and testing requirements included in this Policy are not applicable to DCWs providing services to members through the Self-Directed Attendant Care (SDAC) or to the Division of Developmental Disabilities' (DDD) Independent Provider Network member-directed option. Service requirements for SDAC can be found in AMPM Policy 1320-A.

B. STANDARDS AND REQUIREMENTS APPLICABLE TO ALL DIRECT CARE WORKERS

1. All DCWs, including those who are family members, shall comply with the following standards:
 - a. Hold certification in Cardiopulmonary Resuscitation (CPR) and first aid.
 - i. Training in CPR and first aid shall be provided or sponsored by a nationally recognized organization, and
 - ii. Training sessions must include on-site, and in-person return skills demonstrations such as mouth-to-mouth resuscitation, chest compressions and first aid skills.
 - b. Comply with recommendations and requirements resulting from routine monitoring and supervision by the Contractor or AHCCCS 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.
 - c. Comply with the objectives and methods specified in the member's PCSP. Notify the agency representative of any changes in member's condition who will, in turn, notify the case manager,
 - d. Comply with the applicable education requirements described in this Policy, and
 - e. Comply with the applicable background check and Arizona Adult Protective Services (APS) Registry screening requirements check as specified in this Policy.

C. PROGRAM MANAGEMENT COMPONENTS APPLICABLE TO ALL DIRECT CARE SERVICE AGENCIES

All DCW Agencies, including those agencies that provide services through the AWC option, are responsible to conduct the following. Additional information about the service requirements for AWC can be found in AMPM Policy 1310-A.

1. Register as an AHCCCS provider.
2. Pre-screen all prospective DCW employees/Contractors including contacting three references, one of whom shall be a former employer/contractor, if the prospective DCW has previous work history. This pre-screen process shall also incorporate evaluation of the appropriateness of allowing a member's relative to provide Direct Care Services if the prospective DCW is a family member.
3. Develop policies and procedures for, and begin conducting background checks of DCWs that comply with the following standards:
 - a. At the time of hire/initial contract, and every three years thereafter conduct a nationwide criminal background check that accounts for criminal convictions in Arizona,
 - b. At the time of hire/initial contract and every year thereafter, conduct a search of the Arizona Adult Protective Services Registry screening requirements,
 - c. Prohibit a DCW from providing services to ALTCS members if the background check results contain:
 - i. Convictions for any of the offenses listed in ARS 41-1758.03(B) or (C), or
 - ii. Any substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the APS Registry pursuant to ARS 46-459.

- d. Upon hire/initial contract and annually thereafter, obtain a notarized attestation from the DCW that they are not:
 - i. Subject to registration as a sex offender in Arizona or any other jurisdiction, or
 - ii. Awaiting trial on or has been convicted of committing or attempting, soliciting, facilitating, or conspiring to commit any criminal offense listed in ARS 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 ARS 1758.03(B) or (C),
 - f. Require DCWs to report immediately to the agency if APS 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 APS Registry screening requirements for DCWs.
4. Direct Care Worker Agencies are required to comply with Fingerprint Clearance Card requirements as specified in ARS Title 41, Chapter 12, Article 3.1, are, for purposes of this policy, presumed to have complied with the criminal background check required by this Policy with one exception; the DCW Agency shall still comply with and develop policies and procedures satisfying the obligation to check the APS Services Registry.
- The 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 APS Registry pursuant to ARS 46-459.
- All DCW Agencies sub-contracted with DDD shall also include in their policies and procedures the requirements specified in ARS Title 36, Chapter 5.1, Article 3 with respect to fingerprinting requirements of contract providers and HCBS providers.
- 5. Match 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/HCDM should be offered the opportunity to interview and select an appropriate DCW. The agency needs to be available to assist in this 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/HCDM and the DCW which delineates the responsibilities of each.
 - 6. Providing, as needed, education and support for the member/HCDM in working with the DCW and effectively managing complex situations (i.e., grievances, thefts, or terminations).

7. Provide any necessary specialized training or technical assistance for a selected DCW to provide necessary services to the member.
8. Assure that all DCWs hold current certification in CPR and first aid prior to providing care to an ALTCS member.
9. Provide supervisory/monitoring visits of DCW as specified in this Policy. All monitoring and supervision assessments shall be documented and kept in the DCW's personnel/contract file.
10. Verify the delivery of DCW services in accordance Electronic Visit Verification (EVV), including methodologies to discourage falsification of records that demonstrate the type, amount, duration, and frequency of services provided, and providing payment for such services within agreed upon timeframes. More information about EVV requirements can be found in AMPM Policy 540.
11. Maintain records of DCW work verification, educational requirements, and payment that are retained in accordance with 9 AAC 28, Article 5.
12. Ensure compliance with education requirements as specified in this Policy by either becoming an Approved DCW Training and Testing Program or delegating the responsibility of DCW training and testing to an Approved DCW Training and Testing Program (Refer to ACOM Policy 429 for approved DCW Training and Testing Program requirements and standards). Additionally, DCW Agencies shall ensure compliance with training and testing records maintenance standards as specified 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 include:
 - i. Services provided by the DCW,
 - ii. Exemptions from training and testing requirements (if applicable),
 - iii. Hire/initial contract 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 DCW Testing form (available on the AHCCCS website) from a former DCW Agency or official transcript from an Approved DCW 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 DCW Trainer Testing Records Online Database (DCW Database) into business practices. The primary purpose of the DCW Database is to serve as a tool to support the portability or transferability of DCW testing records from one agency to another agency or DCW trainer testing records from one training program to another. The DCW Database is available online at <https://dcwrecords.azahcccs.gov/> and includes computer-based training modules found under the "training" tab, a Frequently Asked Question document and a User Guide which can be found under the "help" tab,

- c. The DCW agencies shall:
 - i. Maintain a list of organizational users and notify AHCCCS when a user account shall be terminated or suspended,
 - ii. Maintain and manage a list of DCWs who will be or have been sent for training/testing including status changes of DCWs (hired, contracted, terminated, resigned) within 30 days of the status change,
 - iii. Utilize a standard form to obtain permission from current/prospective DCW employees/contractors 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 shall be used for testing record verification:
 - a) A current/former/prospective DCW Agency(ies) of a DCW shall share upon request and/or may solicit testing records using the Verification of DCW Testing form,
 - b) The Verification of DCW Testing form is available on the AHCCCS website, www.azahcccs.gov/dcw. The DCW Agency shall maintain copies of the verification of testing forms provided to and/or requested from another DCW Agency, and
 - c) Verification may also include an official transcript from an Approved DCW Training and Testing Program of the test type(s), date(s), module(s), and score(s).
- d. Back-up documentation shall be retained for a minimum period of 10 years. Back-up documentation includes the testing search authorization standard form and back-up documentation for any and all entered data in the DCW 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.

D. SUPERVISORY/MONITORING VISITS APPLICABLE TO ALL DIRECT CARE SERVICES

The DCW agencies are required to perform periodic supervisory/monitoring visits to assess the DCW's competency in performing the assigned duties in accordance with member's individualized service needs and preferences.

Supervisory/monitoring visits shall be documented in the member's case file and cross-referenced in the DCW's personnel/contract file. There are distinct timeframe requirements for when these supervisory/monitoring visits shall occur as indicated in the matrix below including instances when the DCW shall be present and circumstances when the DCW does not need to be present. Supervisory/monitoring visits also apply when services are provided under the AWC option.

1. Supervisory/monitoring visits requiring the DCW's presence.

Some supervisory/monitoring visits shall be performed while the DCW is providing services and physically in the member's home, to observe the care being provided. The purpose of these visits is to assess and document the DCW's competency in performing the assigned duties in a safe manner according to the training the DCW has received.

A supervisory/monitoring visit is required once within the **first** 90 days of the DCW's initiation of services for each member served. These supervisory/monitoring visits are required to be completed annually thereafter, or more frequently if warranted.

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

The following supervisory/monitoring visits **do not** require the presence of the DCW at the time of the visit, although these visits may be combined with supervisory/monitoring visits requiring the DCW's presence as determined applicable.

The purpose of these supervisory/monitoring visits is to have and document discussions with the member regarding the quality of care, delivery of services and ongoing communication with the agency to report instances when services are not provided as authorized and other concerns that develop between supervisory/monitoring and/or case manager visits.

The timing of these supervisory/monitoring visits for the first 90 days (as outlined below) is based on the date of the initial service provision for the member, and not the date of the initial service authorization. After the first 90th day visit, all other visits occur at least every 90 days from the previous visit.

The timeframes for conducting the 5th, 30th, 60th and 90th day supervisory visits are as follows:

- a. The initial supervisory/monitoring visit is required by the 5th day from the initial service provision and shall not occur on the same day as the initial service provision. For homemaker services only, the 5th day supervisory/monitoring visit (depending on the nature of the care being performed) may be conducted telephonically, and
- b. The remaining supervisory/monitoring visits are required on the 30th day, 60th day (required if issues are identified) and 90th day from the initial service provision date. The visits shall not occur more than five days after the due date. After the initial 90th day visit, all other visits occur at least every 90 days from the previous visit.

SUPERVISORY/MONITORING VISIT TABLE: EXAMPLE	
PROVISION OF SERVICE DATE: 05/01	
FREQUENCY OF VISIT	OPTIMAL VISIT DATE
5 Day	05/06
30 Day	05/31
60 Day	06/30 (if needed)
90 Day	07/30

When the DCW Agency determines through supervisory/monitoring visits or other oversight activities that services were not provided as authorized, the reasons for the non-provision of services shall be documented by the provider in the member's case file and reported to the Contractor and AHCCCS. The DCW Agency shall notify the Contractor and AHCCCS if any potential fraud, waste, or abuse is suspected (e.g., service verification fraud by DCW and/or member/HCDM). For information on reporting fraud, waste, and abuse, refer to <https://www.azahcccs.gov/Fraud/ReportFraud/>

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 shall hold current certification in CPR and first aid and meet the required training and testing standards as specified in this Policy. All DCWs, including those who are Family Members, shall 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 and the "Principles of Caregiving" curriculum, created through the Arizona Direct Care Workforce Initiative, provide the basis for the required training and testing. Links to the competencies, curriculum and other information are located at <https://www.azahcccs.gov/dcw>. A DCW, including those who are family members, may require additional training to meet the specific needs of an individual ALTCS member.

1. Oversight Requirements:
 - a. AHCCCS Oversight:
 - i. AHCCCS is responsible for the review and approval of applications for an Approved DCW Training and Testing Program, and
 - b. May audit Approved DCW Training and Testing Programs to ensure compliance with ACOM Policy 429. Contractor Oversight:
 - i. The Contractors shall audit Approved DCW Training and Testing Programs to ensure compliance with ACOM Policy 429.
2. Training and Testing Period Standards:
 - a. A DCW with an initial hire/contract date prior to October 01, 2012, is deemed to meet the training and testing requirements with the DCW agency(ies) that the DCW is currently employed/contracted to provide services with. However, if the DCW becomes employed/contracted with another agency on or after October 01, 2012, the DCW shall meet the training and testing requirements contained within this policy. All DCWs with an initial hire/contract date on or after October 01, 2012, shall meet the DCW training and testing requirements contained within this Policy,
 - b. A DCW Agency has 90 calendar days from date of hire/initial contract 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 expires prior to the DCW receiving training and passing the knowledge and skills tests, the DCW shall stop providing care until the training and testing requirements are met, and

- c. A DCW who has not worked as a DCW or has no work experience like 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 providing services to ALTCS members.
3. Training and Testing Exemptions:
 - a. A DCW who is a Registered Nurse, Licensed Practical Nurse or Certified Nursing Assistant as specified in ARS 32, Chapter 15 and a Licensed Health Aide as specified in ARS 32-1601 are exempt from the DCW training and testing requirements. This exemption allows the DCW agency the discretion to require the testing and training of their employees/contractors as determined necessary, and
 - b. A DCW who is providing care to a family member only, is exempt from the Level II – Specialized modules training and testing requirements.
4. Levels of Training

Demonstration of skills, knowledge, and ability is required at the following levels for the specified DCWs. 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 an equivalent and approved curriculum. Completion of a training course is recommended; demonstration of knowledge and skills by testing is mandatory. Unless exempt as specified above, the DCWs shall achieve a score of 80% for each knowledge test and successfully pass all (100%) of the skills demonstrations for any curriculum modules. A DCW agency may permit an employee/contractor to take a challenge test (taking a test without being trained), for both the Level I and Level II modules, if the DCW has the education like what is required for DCWs or work experiences similar to that performed by the DCWs. The agency shall verify and document the DCWs relative educational and work experiences.

 - a. Level I – Introduction to and Fundamentals of Caregiving:
 - i. Shall be completed by all DCWs, including family caregivers, to provide Direct Care Services to ALTCS members, and
 - ii. Applicable to all DCWs providing attendant care, personal care, and homemaker services.
 - b. Level II – Specialized Modules (Aging and Physical Disabilities or Developmental Disabilities) shall be successfully completed by all DCWs providing attendant care, personal care, or homemaker services (excluding DCWs 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 shall 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 population of individuals who are elderly and/or have physical disabilities, and the population of individuals with a developmental disability, they are required to take both Level II modules.

5. Continuing Education

- a. Six hours of continuing education are required annually. For DCWs hired/contracted prior to October 1, 2012, the yearly timeframe for continuing education is from October-September. For DCWs hired/contracted on or after October 1, 2012, the yearly timeframe for continuing education is the anniversary date of the DCW's 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, 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 are recommended for continuing education. The module comes complete with test,
- e. For family caregivers, the continuing education can be specific to the service recipient, and
- f. Continuing education can be offered in many forms, including in-service, online, video/Digital Video Disk (DVD), written material, attendance at a class or conference, and so forth. Consideration should be given to allowing family caregivers to complete the materials at home if necessary.

F. SERVICE SPECIFICATION APPLICABLE TO DIRECT CARE SERVICES

The service specifications related to each Direct Care service (attendant care, personal care, and homemaker Services) are individually discussed in this section. For additional information and requirements related to these services when they are provided through the SDAC or the AWC options, refer to AMPM Policy 1320-A and AMPM Policy 1310-A.

G. ATTENDANT CARE

AHCCCS covers attendant care services provided to ALTCS members. The DCW provides assistance with a combination of services which may include homemaking, personal care, and general supervision. The intent of attendant care is to initiate strong support for keeping members in their own homes; integrated with their families, communities, and other support systems. This service requires involvement from the member/HCDM in decisions related to attendant care provider functions.

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 Contractor or AHCCCS for FFS members as these services are generally considered a duplication of each other.

Adult day health care as specified in AMPM Policy 1240-Band group respite services as specified in AMPM Policy 1250-D 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 Contractor or AHCCCS for FFS members.

1. Attendant care services are provided in accordance with the member's PCSP and include:
 - a. Homemaker tasks including:
 - i. Cleaning,
 - ii. Laundry,
 - iii. Food preparation, and
 - iv. Essential errands such as grocery shopping, securing medical supplies, and household items.
 - b. Personal care including:
 - i. Bathing,
 - ii. Skin care,
 - iii. Oral hygiene,
 - iv. Toileting,
 - v. Ambulation,
 - vi. Grooming,
 - vii. Dressing,
 - viii. Nail care,
 - ix. Feeding as necessary,
 - x. Use of assistive devices, and
 - xi. 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 (except for services provided under Self Directed Attendant Care, refer to AMPM Policy 1320-A),
 - 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 their 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/HCDM to assure activities and necessary services are provided to meet the objectives of the member's PCSP,
 - e. Assistance with skill development and training in activities of daily living, and
 - f. Observation and reporting to the DCW Agency and/or the case manager of members who exhibit the need for additional medical or psychosocial support, or a change (decline or improvement) in condition during service delivery.

2. 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. A member may choose to have attendant care services provided by their spouse as a paid caregiver subject to the following conditions and limitations in accordance with AAC R9-28-506:
 - i. The member shall reside in their own home,
 - ii. The Contractor ensures that the member understands that they have the choice of a provider of attendant care other than the member’s spouse,
 - iii. Attendant care services shall be described in the member’s PCSP prepared by the member’s case manager,
 - iv. For a member who elects to have their spouse provide personal care or similar services as a paid caregiver, personal care, or similar services in excess of 40 hours in a seven-day period will not be authorized. 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 HCBS. Members are eligible for respite care services subject to applicable limitations as specified in AMPM Policy 1250-D. The case manager shall at least annually record in the member’s PCSP, the member’s choice to have attendant care provided by the member’s spouse as a paid caregiver (refer to AMPM Policy 1620-D for information on Placement and Service Planning Standard and AMPM Exhibit 1620-12 regarding “Spouse Attendant Care Acknowledgement of Understanding”),
 - v. Attendant care services provided by the spouse shall meet the definition of extraordinary care as described in this section,
 - vi. The spouse shall be employed/contracted under the following circumstances:
 - 1) Employed/contracted by a DCW Agency that subcontracts with the member’s Contractor,
 - 2) If the member is served by DDD, the spouse shall be either employed/contracted by a DCW Agency that subcontracts with DDD or employed/contracted by a member under the Independent Provider Network, or
 - 3) If the member is an American Indian/Alaskan Native enrolled in FFS, the spouse shall be employed/contracted by an AHCCCS registered DCW Agency.
 - b. The spouse shall meet the standard training requirements and other provider qualifications included in this Policy with one exception in respect to spouses employed/contracted by a member under DDD’s Independent Provider Network. In this circumstance, members may elect whether or not to require the DCW to satisfy the minimum competency standards as specified in this Policy,
 - c. For managed care, the spouse shall be paid at a rate that does not exceed what would otherwise be paid to a non-spouse caregiver providing a similar level of attendant care services. For FFS, the spouse shall be paid at a rate that does not exceed the capped FFS payment for attendant care services,
 - d. 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,

- e. The total hours of care provided by the spouse and any other DCW shall not exceed 40 hours in a seven-day period, and
- f. 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 DDD's Independent Provider Network member-directed option to provide the balance of the authorized hours not to exceed 40 total hours of attendant care.

H. PERSONAL CARE

AHCCCS covers personal care services for ALTCS members who require assistance to meet essential personal physical needs and who reside in their own home.

Personal care services are available to ALTCS members who reside in their own home. Personal care services are not a reimbursable service in Alternative HCBS settings as specified in AMPM Chapter 1200, Section 1230.

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 Contractor or AHCCCS for FFS members. There are no restrictions on other services provided in conjunction with personal care services on any given day.

- 1. Personal care services are provided in accordance with the member's PCSP and include:
 - 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 PCSP, and
 - c. Observation and reporting to the DCW Agency and/or the case manager of members who exhibit the need for additional medical or psychosocial support, or a change (decline or improvement) in condition during service delivery.

I. HOMEMAKER SERVICES

AHCCCS covers homemaker services provided through a Contractor or AHCCCS 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.

Homemaker services are available only to ALTCS members who reside in their own home. Members residing in Alternative HCBS settings as specified in AMPM Chapter 1200, Section 1230 - Home and Community Based Service Settings 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 Contractor or AHCCCS for FFS members. There are no restrictions on other services provided in conjunction with homemaker services on any given day.

1. Homemaker services are provided in accordance with the member's PCSP and include:
 - 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, PCSP that are necessary to assist the member. This may include hauling water or bringing in wood or coal as indicated by the member's environment, and
 - f. Observation and reporting to the DCW Agency and/or the case manager of members who exhibit the need for additional medical or psychosocial support, or a change (decline or improvement) in condition during service delivery.

J. ATTENDANT CARE AND PERSONAL CARE PROVISION EXEMPTION FOR HOSPITAL STAYS AND EMERGENCY ROOM VISITS

1. AHCCCS will allow for the provision of Attendant Care and Personal Care services while the member is in a hospital inpatient or emergency room setting to ensure smooth transitions between acute care setting and community-based settings and to preserve the individual's functional abilities.
2. Attendant Care and Personal Care services may be provided within hospital inpatient or emergency room settings when the services are:
 - a. Identified in the individual's PCSP,
 - b. Necessary to meet the needs of the individual that are not met through the provision of acute care hospital services, and
 - c. Not used as a substitute for the services the acute care hospital is obligated to provide.
3. The DCWs providing Attendant Care and Personal Care services within hospital inpatient or emergency room settings must meet all requirements set forth in this Policy.