

Medicaid Community Options

Course 7: Developing a Plan of Service – Personal
Assistance and Budgets

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MARYLAND
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Flexible Budgets

- All participants are given a recommended flexible budget based on needs identified in the InterRAI assessments
 - Children under age 18 are assessed using the InterRAI-PEDs
 - Individuals ages 18 and over are assessed using the InterRAI-HC
- Budgets only apply to the following services:
 - Personal Assistance
 - Home-delivered meals
 - *Other* items that substitute for human assistance
 - These “other” items are not specifically categorized by the State
- If a person doesn’t use the above services, the budget no longer applies
- Budgets do not factor in enrollment or services received through another program

Why Does a Person Have a Budget?

- The program's total budget needs to be distributed fairly and equitably across all participants based on need
- The amount of services a participant receives should not depend on where he/she lives or who they have as an advocate
- Budgets are an objective baseline for every participant

What Determines a Budget?

- Budgets are based on the participant's needs identified in the interRAI assessment
 - The assessment collects health and social support information and assigns a level of acuity
 - The higher the person's acuity, the more services they will need, the greater their budget
 - Budgets do not factor in enrollment or services received through another program
- The budget provides a **recommendation** of how many personal assistance hours may be needed
 - The addition of home-delivered meals reduces the number of hours in the participant's budget
 - Exceptions may apply with medical documentation
- There are seven interRAI-HC budget groups based on these acuity levels

Budgets by Group

	RUG	Group Description	Budget
Group 1	PA1	Physical Function – Low ADL	\$9,075
	BA1	Behavioral – Low ADL	\$9,075
	CA1	Clin. Complex – Low ADL	\$9,075
	IA1	Cognitive Impairment – Low ADL	\$9,075
	PA2	Physical Function – Low ADL, Low to High IADL	\$9,075
	RA1	Rehabilitation - Low ADL	\$9,075
	Group 2	BA2	Behavioral – Low ADL, High IADL
CA2		Clin. Complex – Low ADL, High IADL	\$17,601
IA2		Cognitive Impairment – Low ADL, Low to High IADL	\$17,601
PB0		Physical Function – Low to Medium ADL	\$17,601
Group 3	CB0	Clin. Complex – Low to Medium ADL	\$24,500
	RA2	Rehabilitation Low – Low ADL, High IADL	\$24,500
	PC0	Physical Function – Medium to High ADL	\$24,500
	SSA	Special Care – Low to High ADL	\$24,500
	IB0	Cognitive Impairment – Medium ADL	\$24,500
	BB0	Behavioral – Medium ADL	\$24,500
Group 4	PD0	Physical Function – High ADL	\$33,003
	CC0	Clin. Complex – High ADL	\$33,003
Group 5	SE1	Extensive Services 1 – Medium to High ADL	\$37,610
	RB0	Rehabilitation High – High ADL	\$37,610
	SSB	Special Care – Very High ADL	\$37,610
Group 6	SE2	Extensive Services 2 – Medium to High ADL	\$47,422
Group 7	SE3	Extensive Services 3 – Medium to High ADL	\$83,134

Personal Assistance and Home-Delivered Meals

- There are many services available in the programs, however, Personal Assistance is the most common and accounts for the majority of the program's budget
 - Generally, participants need someone in their home to help them with activities of daily living when no one else is available
 - When requesting personal assistance, hours of service are assigned based on the participant's ADL/IADL needs
 - Exceptions may apply. Any additional hours requested beyond the budget must be supported with recent medical documentation
- Home-delivered meals are also considered within the budget
 - Home-delivered meals must not overlap with personal assistance

Personal Assistance Covered Services

10.09.84.14 Covered Services

B. The Program covers the following services when provided by a personal assistance provider:

- (1) Assistance with activities of daily living;
- (2) Delegated nursing functions if this assistance is:
 - (a) Specified in the participant's plan of service; and
 - (b) Rendered in accordance with the Maryland Nurse Practice Act, COMAR 10.27.11, and other requirements of the Maryland Board of Nursing;
- (3) Assistance with tasks requiring judgment to protect a participant from harm or neglect;
- (4) Assistance with or completion of instrumental activities of daily living, provided in conjunction with the services covered under §B(1)—(3) of this regulation; and
- (5) Assistance with the participant's self-administration of medications, or administration of medications or other remedies, when ordered by a physician.

Personal Assistance

- **Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living, health related tasks through hands on assistance, supervision, and/or cueing, will be provided**
 - The Department only authorizes agencies to provide personal assistance services
 - If the participant finds someone they like, that person must first enroll with an agency before services can begin
 - Shared Personal Assistance is available for participants that share a home
 - One unit of Personal Assistance is 15 minutes; each unit must be medically necessary and associated with an I/ADL

Personal Assistance

- **Personal assistance services may not include:**
 - Services rendered to anyone other than the participant or primarily for the benefit of anyone other than the participant;
 - Services rendered by anyone not enrolled with an agency;
 - The cost of food or meals prepared in or delivered to the home or otherwise received in the community;
 - Housekeeping services, other than those incidental to services covered

Personal Assistance Limitations

10.09.84.23 Limitations

C. The Program does not cover the following services:

- (1) Service primarily for the purpose of housekeeping unrelated to the participant's activities of daily living, such as:
 - (a) Cleaning of the floor and furniture in areas not occupied by the participant;
 - (b) Laundry other than that incidental to services for the participant; and
 - (c) Shopping for groceries or household items unless in the company of the participant;
- (2) Services provided by providers not approved for participation by the Department;
- (3) Expenses incurred while escorting participants:
 - (a) To obtain medical diagnosis or treatment;
 - (b) To or from the participant's workplace; or
 - (c) For participation in social or community activities

ADLs and IADLs

Activities of Daily Living (ADLs)

- Bathing/completing personal hygiene routines
- Dressing/changing clothes
- Eating
- Mobility
 - Transferring from a bed, chair, or other structure
 - Moving, turning, and positioning the body while in bed or in a wheelchair
 - Moving about indoors or outdoors
- Toileting
 - Bladder/bowel requirements
 - Routines associated with the achievement or maintenance of continence
 - Incontinence care

Instrumental Activities of Daily Living (IADLs)

- Preparing meals
- Performing light chores that are incidental to the personal assistance services provided to the participant
- Shopping for groceries
- Nutritional planning
- Traveling as needed
- Managing finances/handling money
- Using the telephone or other appropriate means of communication
- Reading
- Planning and making decisions

Rates for Personal Assistance

- Currently, agencies are paid \$17.50 per hour for personal assistance
 - This rate may be adjusted each year dependent on the state budget process
- The rate the actual personal assistance worker receives varies based on the agency
- How Does a Personal Assistance Agency enroll?
 - Submit a [MDH provider enrollment application](#)
 - Instructions and the application can be found at the link above

Example – Participants Receiving Personal Assistance Services 7 Days a Week

	Annual Budget	Daily Budget	Hours at Weighted Agency Rate (\$17.50)
Group 1	\$9,075	\$24.86	1.4
Group 2	\$17,601	\$49.00	2.8
Group 3	\$24,500	\$65.17	3.8
Group 4	\$33,033	\$87.79	5.2
Group 5	\$37,610	\$100.04	5.9
Group 6	\$47,422	\$126.14	7.4
Group 7	\$83,134	\$221.13	13.0

Shared Personal Assistance

- Two participants living together may share a personal assistance worker
 - Since the worker has additional tasks, the rate is $\frac{4}{3}$ of the current provider rate (\$11.67)
- Both participants plans of service must include the same provider and duration and frequency must match
 - Non-shared personal assistance hours must be listed as well to account for any time the participants may receive services individually

Example of Shared Personal Assistance

- Client A shares 16 hours of personal assistance a week with client B. Client A also receives an additional 7 hours of personal assistance a week

Client A's POS:

POS Service	Service Type	Provider Name	Units	Frequency	Rate	Annual	Actions
Personal Assistance — Shared Attendant	Community First Choice	ABSOLUTE CARE LC	16 hours per week	51 weeks	\$2.7775	\$9,065.76	Quick View
Comment: To assist with I/ADL's.							
Personal Assistance Agency	Community First Choice	ABSOLUTE CARE LC	7 hours per week	52 weeks	\$4.1650	\$6,064.24	Quick View
Comment: To assist with I/ADL's.							
Personal Assistance Agency	Community First Choice	ABSOLUTE HOME HEALTH CARE INC	16 hours per week	1 week	\$4.1650	\$266.56	Quick View
Comment: To assist the participant with I/ADL's.							

Client B's POS:

POS Service	Service Type	Provider Name	Units	Frequency	Rate	Annual	Actions
Personal Assistance — Shared Attendant	Community First Choice	ABSOLUTE HOME HEALTH CARE INC	16 hours per week	51 weeks	\$2.7775	\$9,065.76	Quick View
Comment: To assist with I/ADL's.							
Personal Assistance Agency	Community First Choice	ABSOLUTE HOME HEALTH CARE INC	16 hours per week	1 week	\$4.1650	\$266.56	Quick View
Comment: To assist the participant with I/ADL's.							

Frequency of Personal Assistance

- All plans should be based on a 52-week period
 - Costs must be sustainable for a full year
- Personal Assistance is measured in 15 minute increments.
 - One hour is 4 units of service
- Note how much time will be spent each day on personal assistance
 - Use daily chart if needs vary by the day of the week
 - Monday requires 2 hours; while Tuesday requires 4 hours
 - Use a general “X hours per day” if all days are the same

Daily Rate for Personal Assistance

- Applicants and participants enrolled in Community First Choice, Community Options Waiver, and Increased Community Services who have a documented need for more than 12 hours per day of personal assistance services
 - A task schedule *must* be uploaded
- MDH will pay a flat rate for each pre-authorized day of service over 12 hours
- The daily service cannot be used for supervision or other tasks that are not covered under the current personal assistance definition
 - The definition and medical necessity criteria for personal assistance remain the same
 - See COMAR 10.09.84.14 for covered services under personal assistance

Daily Rate for Personal Assistance

- Only one agency may serve a person on a day that the daily rate is received
 - Shared attendant for daily rate may be utilized for two participants approved for daily rate services
- There is no exception to the limit on billing for personal assistance hours over 12 hours per day. This limit is a hard cap in the MMIS billing system and no exceptions can be made by the ISAS team
 - If a participant has an emergency situation, the plan of service needs to be revised to include the daily rate
 - It is imperative that any known needs be handled in advance through the plan of service revision process to ensure continuity of services

Personal Assistance Providers


- Personal assistance providers must use a call-in system for timekeeping and billing
 - The call-in system is called the In-home Supports Assurance System (ISAS)
- Agency providing personal assistance must be licensed as an RSA and no requirements can be waived
- Requirements are listed in 10.09.84.06

Where Does the Participant Find a Personal Assistance Worker?

- Personal assistance workers must work for an agency enrolled in Medicaid
 - Agency must be licensed as a RSA
- A participant may find a person that does not currently work for an agency. However, that provider must then contact an agency and work out employment details
- To find a prospective provider, the participant may:
 - Advertise in the paper
 - Ask a neighbor
 - Post on a community bulletin board
 - Find someone in the community/neighborhood, and
 - Ask a relative

Excluded Providers

- Maryland has created a CFC representative role and form to identify representatives not eligible for payment
 - [CFC Representative Form](#)



**Community First Choice
Authorization of Representative Form**

Participant Name: _____

Representative Name: _____

Relationship to Participant (check one): Family Member Other

Describe relationship: _____

By signing this form, I authorize the representative listed on this form to complete certain activities related to the provision of Community First Choice services.

I understand that my representative CANNOT serve as my paid personal assistance provider. I also understand that by filling out this form, I am appointing a representative for those activities indicated below only, and NOT a representative for any other program or legal purpose.

Please mark the box next to each act that you would like your representative to take on your behalf:

Help develop your Plan of Service

Sign your Plan of Service on your behalf

Provide Training and guidance to your personal assistance provider(s)

Hire and dismiss your personal assistance provider(s)

Set hourly rate(s) for personal assistance provider(s), when applicable, within Department limitations

Participant's Signature: _____ Date: _____

Representative's Signature: _____ Date: _____

Excluded Providers

- Anyone signing the Plan of Service on a participant's behalf is excluded from being a paid personal assistance provider
 - A personal assistance provider agency may not assign the participant's representative to provide services to that participant (COMAR 10.09.84.06.C)
- A legal guardian of the participant
- The parent or foster parent of a dependent minor child
- Any individual who makes decisions on behalf of the person related to the participant's plan of service

Home-Delivered Meals

- Home delivered meals are a covered service under CFC as an item that substitutes for human assistance
 - Not meant to supplement a participant's grocery budget
 - Limited to up to 14 meals per week
- Home-delivered meals should not overlap with personal assistance
 - The participant must be able to prepare and eat the home-delivered meal. If the participant cannot, the meal may not be appropriate
- Supports planners are required to obtain a signed copy of the menu from the provider when initially requesting this service and upon annual POS submission

Exceptions Process

- Exceptions may apply to the budget if documented appropriately
 - May also be used to request items or services not directly supported through available medical information
- The exceptions form is built into the Plan of Service in the LTSSMaryland system
- The supports planner may not make clinical recommendations
 - If additional hours of service are being requested beyond the budget, appropriate medical documentation must be submitted by the supports planner with the Plan of Service

Exceptions Process

- The supports planner is responsible for:
 - explaining this process to the participant,
 - completing the exceptions form,
 - acquiring any additional documentation needed to support the exception request,
 - uploading all documents to the LTSSMaryland system, and
 - assisting with the development of schedules

Schedules

- Schedules should be submitted when:
 - An applicant/participant is attending school
 - An applicant/participant is attending Medical Day Care
 - A request is over budget
 - An applicant/participant is receiving services from multiple Medicaid funded programs (Medical Day Care Waiver, REM program, DDA Waiver, dialysis, etc.)
 - At the request of the POS Reviewer
- The supports planner should review the schedule with the applicant/participant to discuss the requested tasks to verify the tasks are in compliance with 10.09.84.02 and 10.09.84.14

Schedules

- The recommended schedule format is Sunday through Saturday and should include:
 - The approximate time/duration of each ADL/IADL task the personal assistance provider will complete
 - All services received from any other MA funded program
 - Any regularly scheduled treatments (dialysis, chemotherapy, physical therapy, occupational therapy, speech therapy, wound treatments, etc.)
 - School or Medical Day Care hours and days
- If personal assistance services are not received on a particular day of the week, please indicate how ADL/IADL needs will be met on that day

Medical Documentation

- Medical documentation includes medical records, treatment plans/notes, progress notes, discharge summaries, etc.
 - A letter from a doctor alone **does not** qualify as medical documentation
- Medical documentation should be provided for the request of additional personal assistance services, temporary or ongoing, and in the case of a new diagnosis not captured on the active InterRAI assessment
- Temporary increases of personal assistance services of less than one week are not required to be approved by the Department