CHAPTER 35. MEDICAL ASSISTANCE FOR ADULTS AND CHILDREN-ELIGIBILITY
SUBCHAPTER 15. PERSONAL CARE SERVICES

317:35-15-1. Overview of long-term medical care services; relationship to ~~QMB~~ QMBP, SLMB and other ~~Medicaid service~~ SoonerCare services and eligibility ~~and spenddown calculation~~

Long-term medical care for the categorically needy includes care in a nursing facility (refer to OAC 317:35-19), public and private intermediate care facility for the mentally retarded (refer to OAC 317:35-9), persons age 65 years or older in mental health hospitals (refer to OAC 317:35-9), Home and Community Based Waiver Services for the Mentally Retarded (refer to OAC 317:35-9), Home and Community Based Waiver Services for the ADvantage program (refer to OAC 317:35-17), and Personal Care services (refer to this subchapter). Personal Care provides services in the member's own home. Any time an individual is certified as eligible for ~~Medicaid~~ SoonerCare coverage of long-term care, the individual is also eligible for other ~~Medicaid~~ SoonerCare services. Another application ~~or spenddown computation~~ is not required. ~~Spenddown is applied to the first long-term care claim filed.~~ Any time an aged, blind or disabled individual is determined eligible for long-term care, a separate determination must be made to see if eligibility conditions as a Qualified Medicare Beneficiary (QMB) or Specified Low-Income Medicare Beneficiary (SLMB) are met. Another application for QMB or SLMB benefits is not required. ~~Any spenddown computed for long-term care is not applicable to QMB coverage.~~

317:35-15-2. Personal Care services

(a) Personal Care is assistance to an individual in carrying out activities of daily living, such as bathing, grooming and toileting, or in carrying out instrumental activities of daily living, such as preparing meals and doing laundry or errands directly related to the member's personal care needs, to assure personal health and safety of the individual or to prevent or minimize physical health regression or deterioration. The Personal Care service requires a skilled nursing assessment of need, development of a care plan to meet identified personal care needs, care plan oversight and periodic re-assessment and updating, if necessary, of the care plan. Personal Care services do not include technical services such as, tracheal suctioning, bladder catheterization, colostomy irrigation, and operation of equipment of a technical nature.

(b) Personal Care services support informal care being provided in the member's home. A rented apartment, room or shelter shared with others is considered "the member's home". A facility which meets the definition of a nursing facility, room and board, licensed

residential care facility, group home, rest home or a specialized home as set forth in O.S. Title 63, Section 1-819 et seq., Section 1-899.1 et seq., and Section 1-1902 et seq., and/or in any other typed of settings prohibited under applicable federal or state statutes, rules, regulations, or other written instruments that have the effect of law is not considered the "the member's home" for delivery of SoonerCare Personal Care Program services.
(c) Personal Care services may be provided by an individual employed by the member referred to as a Personal Care Assistant (PCA) or by a qualified employee of a home care agency that is certified to provide ~~PC~~ Personal Care services and contracted with the OHCA to provide ~~PC~~ Personal Care services. OKDHS must determine a PCA to be qualified to provide ~~PC~~ Personal Care services before they can provide services. For personal care provided by an individual employed by the member under the ADvantage Program, the Case Manager is responsible for determining that the PCA meets minimum qualifications. (Refer to OAC 317:35-15-13.1 through 317:35-15-13.2.)

317:35-15-3. Application for Personal Care~~; forms~~
(a) **Requests for Personal Care.** A request for Personal Care is made to the local ~~DHS~~ OKDHS office. A written financial application is not required for an individual who has an active ~~Medicaid~~ SoonerCare case. A financial application for Personal Care consists of the Medical Assistance Application form. The form is signed by the ~~client~~ applicant, parent, spouse, guardian or someone else acting on the ~~client's~~ applicant's behalf. All conditions of financial eligibility must be verified and documented in the case record. When current information already available in the local office establishes eligibility, the information may be used by recording source and date of information. If the applicant also wishes to apply for a State Supplemental Payment, either the applicant or his/her guardian must sign the application form.
(b) **Date of application**.
(1) The date of application is:
(A) the date the applicant or someone acting on his/her behalf signs the application in the county office;
(B) the date the application is stamped into the county office when the application is initiated outside the county office; or,
(C) the date when the request for ~~Medicaid~~ SoonerCare is made orally and the financial application form is signed later.
(2) An exception to paragraph (1) of this subsection would occur when ~~DHS~~ OKDHS has contracts with certain providers to take applications and obtain documentation. After the documentation is obtained, the contract provider forwards the application and documentation to the ~~DHS~~ OKDHS county office of the ~~client's~~ applicant's county of residence for ~~Medicaid~~ SoonerCare

eligibility determination. The application date is the date the ~~client~~ applicant signed the application form for the provider.

(c) **Eligibility status.** Financial and medical eligibility must be established before services can be initiated.

317:35-15-4. Determination of medical eligibility for Personal Care

(a) **Eligibility**. The OKDHS area nurse, or designee, utilizes the UCAT criteria and professional judgment in determining medical eligibility and level of care. To be eligible for Personal Care services, the individual must:

(1) have adequate informal supports that contribute to care, or decision making ability as documented on the UCAT, to remain in his/her home without risk to his/her health, safety, and well-being:

(A) the individual must have the decision making ability to respond appropriately to situations that jeopardize his/her health and safety or available supports that compensate for his/her lack of ability as documented on the UCAT, or

(B) the individual who has his/her decision making ability, but lacks the physical capacity to respond appropriately to situations that jeopardize health and safety and has been informed by the ~~LTC~~ OKDHS nurse of potential risks and consequences may be eligible;

(2) require a ~~care~~ plan of care involving the planning and administration of services delivered under the supervision of professional personnel;

(3) have a physical impairment or combination of physical and mental impairments. An individual who poses a threat to self or others as supported by professional documentation may not be approved for Personal Care services;

(4) not have members of the household or persons who routinely visit the household who, as supported by professional documentation, pose a threat of harm or injury to the ~~client~~ individual or other household visitors;

(5) lack the ability to meet personal care needs without additional supervision or assistance, or to communicate needs to others; and

(6) require assistance, not of a technical nature, to prevent or minimize physical health regression and deterioration.

(b) **Definitions.** The following words and terms when used in this subsection, ~~shall~~ have the following meaning, unless the context clearly indicates otherwise:

(1) **"ADL"** means the activities of daily living. Activities of daily living are activities that reflect the ~~client's~~ member's ability to perform self-care tasks essential for sustaining health and safety such as:

(A) bathing,

(B) eating,

(C) dressing,
(D) grooming,
(E) transferring (includes getting in and out of a tub, bed to chair, etc.),
(F) mobility,
(G) toileting, and
(H) bowel/bladder control.

(2) **"ADLs score of three or greater"** means the ~~client~~ member cannot do one ADL at all or needs some help with two ADLs.

(3) **"ADLs score is two"** means the ~~client~~ member needs some help with one ADL.

(4) **"Client support very low need"** means the ~~client's~~ member's UCAT Client Support score is zero which indicates in the UCAT assessor's clinical judgment, formal and informal sources are sufficient for present level of ~~client~~ member need in most functional areas.

(5) **"Client support low need"** means the member's UCAT Client Support score is 5 which indicates in the UCAT assessor's clinical judgment, support from formal and informal sources are nearly sufficient for present level of ~~client~~ member need in most functional areas.

(6) **"Client support moderate need"** means the UCAT Client Support score is 15, which indicates in the UCAT assessor's clinical judgment formal and informal support is available, but overall, it is inadequate, changing, fragile or otherwise problematic.

(7) **"Client support high need"** means the ~~client's~~ member's UCAT Client Support score is 25 ~~and~~ which indicates in the UCAT assessor's clinical judgment, formal and informal supports are not sufficient as there is very little or no support available to meet a high degree of ~~client~~ member need.

(8) **"Community Services Worker"** means any person employed by or under contract with a community services provider who provides, for compensation or as a volunteer, health-related services, training, or supportive assistance to frail elderly, disabled person(s), or person(s) with developmental disabilities, and who is not a licensed health professional.

(9) **"Community Services Worker Registry"** means a registry established by the Oklahoma Department of Human Services, as required by Section 1025.1 et seq. of Title 56 of the Oklahoma Statutes, to list community services workers against whom a final investigative finding of abuse, neglect, or exploitation, as defined in Section 10-103 of Title 43A of the Oklahoma Statutes, involving a frail elderly, disabled person(s) or person(s) with developmental disabilities has been made by ~~DHS~~ OKDHS or an administrative law judge, amended in 2002 to include the listing of ~~Medicaid~~ SoonerCare personal care assistants providing personal care services.

(10) **"Instrumental activities of daily living"** means those activities that reflect the member's ability to perform household chores and tasks within the community essential for sustaining health and safety such as:

(A) shopping,
(B) cooking,
(C) cleaning,
(D) managing money,
(E) using a telephone,
(F) doing laundry,
(G) taking medication, and
(H) accessing transportation.

~~(10)~~ (11) "**IADL**" means the instrumental activities of daily living.

~~(11)~~ (12) "**IADLs score is at least six**" means the ~~client~~ member needs some help with at least three IADLs or cannot do two IADLs at all.

~~(12)~~ (13) "**IADLs score of eight or greater**" means the ~~client~~ member needs some help with four IADLs or the ~~client~~ member cannot do two IADLs at all and needs some help with one other IADLs.

~~(13) "**Instrumental activities of daily living**" means those activities that reflect the client's ability to perform household chores and tasks within the community essential for sustaining health and safety such as:~~

~~(A) shopping,~~
~~(B) cooking,~~
~~(C) cleaning,~~
~~(D) managing money,~~
~~(E) using a telephone,~~
~~(F) doing laundry,~~
~~(G) taking medication, and~~
~~(H) accessing transportation.~~

(14) **"~~Medicaid~~ SoonerCare personal care services provider"** means a program, corporation, or individual who provides services under the state's ~~Medicaid~~ SoonerCare personal care program or ADvantage Waiver to individuals who are elderly or who have a physical disability.

(15) **"MSQ"** means the mental status questionnaire.

(16) **"MSQ moderate risk range"** means a total weighted score of seven or more which indicates an orientation-memory-concentration impairment or a memory impairment.

(17) **"Nutrition moderate risk"** means the total weighted UCAT Nutrition score is 8 or more which indicates poor appetite or weight loss combined with special diet requirements, medications or difficulties in eating.

(18) **"Social resources score is eight or more"** means the ~~client~~

member lives alone or has no informal support when sick or needs assistance, or has little or no contact with others.

(c) **Medical eligibility minimum criteria for Personal Care.** The medical eligibility minimum criteria for Personal Care is the minimum UCAT score criteria which a ~~client~~ member must meet for medical eligibility for personal care and are:

(1) functional ADLs score is a five or greater; or IADLs score of eight or greater; or Nutrition score is eight or greater; or the MSQ score is seven or greater; or the ADLs score is three and IADLs score is at least six, and

(2) Client Support is moderate risk; or Client Support score is five ~~or more~~ and the Social Resources score is eight or more.

(d) **Medical eligibility determination**. Medical eligibility for Personal Care is determined by the Oklahoma Department of Human Services. The medical decision for Personal Care~~, the care plan and service plan approval for Personal Care~~ is made by the ~~DHS~~ OKDHS area nurse, or designee, utilizing the Uniform Comprehensive Assessment Tool (UCAT).

(1) When Personal Care services are requested, the local office is responsible for completing the UCAT, Part III.

(2) Categorical relationship must be established for determination of eligibility for Personal Care. If categorical relationship to Aid to the Disabled has not already been established but there is an extremely emergent need for Personal Care and current medical information is not available, the local office authorizes a medical examination. When authorization is necessary, the county director issues the Authorization for Examination, ~~DHS~~ OKDHS form ~~ABCDM-16~~ 08MA016E, and the Report of Physician's Examination, ~~DHS~~ OKDHS form ~~ABCDM-80~~ 08MA02E, to a licensed medical or osteopathic physician (refer to OAC 317:30-5-1). The physician cannot be in a medical facility intern, residency, or fellowship program or in the full time employment of the Veterans Administration, Public Health Service or other agency. The OKDHS county ~~social~~ worker submits the information to the Level of Care Evaluation Unit (LOCEU) to request a determination of eligibility for categorical relationship. LOCEU renders a decision on categorical relationship using the same definition used by SSA. A follow-up is required by the ~~DHS social~~ OKDHS county worker with the Social Security Administration (SSA) to be sure that SSA's disability decision agrees with the decision of LOCEU.

(3) Approved contract agencies may complete the UCAT Part I for intake and screening and forward the form to the county office.

(4) When ~~DHS~~ the OKDHS county office does not receive a UCAT from the AA, a UCAT I is initiated by the DHS county staff upon receipt of the referral.

(5) The ~~DHS Long Term Care (LTC)~~ OKDHS nurse completes the ~~UCAT III~~ assessment visit within 10 working days of receipt of the

referral for Personal Care from the ~~social~~ OKDHS county worker or receipt of the UCAT I ~~and II~~ (Intake and Screening) request for Personal Care for the ~~client~~ member who is ~~Medicaid~~ SoonerCare eligible at the time of the request. The ~~LTC~~ OKDHS nurse completes the assessment visit within 20 working days of the ~~Medicaid~~ SoonerCare application for the ~~client~~ applicant who has not been determined financially ~~Medicaid~~ SoonerCare eligible at the time of the request. The ~~DHS social~~ OKDHS county worker is responsible for contacting the ~~individual~~ applicant within three working days from the date of the receipt of the request for services to initiate the financial eligibility process. If the UCAT Part I ~~or II~~ indicates the request is from an individual who resides at home and an immediate response is required to ensure the health and safety of the ~~client~~ person (emergency situation) or to avoid institutional placement, the UCAT Part III assessment visit has top priority for scheduling.

(6) During the assessment visit, the ~~LTC~~ OKDHS nurse completes the UCAT III and reviews with the member rights to privacy, fair hearing and provider choice. The OKDHS nurse informs the ~~client~~ member of medical eligibility criteria and provides information about the different ~~DHS~~ OKDHS long-term care service options. The OKDHS nurse documents on the UCAT III whether the ~~client~~ member wants to be considered for nursing facility level of care services or if the ~~client~~ member is applying for a specific service program. If based upon the information obtained during the assessment, the OKDHS nurse determines ~~that~~ the ~~client~~ member may be at risk for health and safety, an immediate referral is made to Adult Protective Services (APS) ~~staff are notified immediately~~. The referral is documented on the UCAT.

~~(A) The LTC nurse uses the Personal Care service plan form to develop an individual plan of care. The plan of care and service plan, including the amount and frequency of DHS Personal Care services, is based on the client's needs as determined by the UCAT III assessment.~~

~~(B)~~ (A) If the ~~client's~~ member's needs cannot be met by ~~DHS~~ Personal Care ~~and Home Health~~ services alone, the ~~LTC~~ OKDHS nurse informs the ~~client~~ member of the other ~~DHS Long Term Care (LTC)~~ community long term care service options. The ~~LTC~~ OKDHS nurse assists the ~~client~~ member in accessing service options selected by the ~~client~~ member in addition to, or in place of, Personal Care services.

~~(C)~~ (B) If multiple household members are applying for ~~DHS~~ SoonerCare Personal Care services, the UCAT assessment is done for all the ~~client~~ household members at the same time. ~~Individual care plans and service plans are discussed and developed with the group of clients who appear eligible so service delivery can be coordinated to achieve the most efficient use of resources. The number of units of service~~

~~allocated to each individual is distributed between family members to assure that the absence of one family member does not adversely affect the family member(s) remaining in the home.~~

~~(D) If the length of time from the date the initial assessment information was obtained to the date the assessment is submitted to the area nurse, or designee, exceeds 60 days, the assessment must be updated as necessary including a new signature and date. A new UCAT and assessment visit is required if the length of time exceeds 90 days.~~

(C) The OKDHS nurse informs the member of the qualified agencies in their local area available to provide services and obtains the member's primary and secondary choice of agencies. If the member or family declines to choose a primary personal care service agency, the OKDHS nurse selects an agency from a list of all available agencies, using a round-robin system. The OKDHS nurse documents the name of the selected personal care service agency.

(7) The ~~LTC~~ OKDHS nurse ~~scores~~ completes the UCAT III~~. Within five~~ within three working days of the assessment visit~~, the nurse forwards the UCAT and the completed Personal Care plan and service plan forms~~ and sends it to the OKDHS area nurse, or designee, for medical eligibility determination. Personal care service eligibility is established as of the date that both medical eligibility is approved and financial eligibility is established. ~~The client's Personal Care service plan and care plan include:~~

(A) ~~goals and tasks;~~ If the length of time from the date the initial assessment to the date of service eligibility determination exceeds 60 days, the assessment must be updated as necessary including a new signature and date. A new UCAT and assessment visit is required if the length of time exceeds 90 days.

(B) ~~the number of authorized Personal Care units (hours) per month;~~ Upon establishment of Personal Care service eligibility, the OKDHS nurse contacts the member's preferred personal care service agency, or if necessary, the secondary agency or the agency selected by the rotation system.

(C) ~~frequency of service visits;~~ Within one working day of agency acceptance, the OKDHS nurse forwards the referral to the personal care service agency for Service Authorization Model (SAM) packet development. [Refer to OAC 317:35-15-8(a)]. The date the referral is forwarded is the certification effective date.

~~(D) the effective date for services; and~~

~~(E) the certification period for the care plan and service plan.~~

(8) Following the development of the Service Authorization Model (SAM) packet by the personal care service agency, and within three working days of receipt of the packet from the agency, the OKDHS nurse reviews the packet to ensure agreement with the plan. Once agreement is established, the packet is forwarded to the OKDHS area nurse or designees for review.

~~(8)~~ (9) Within 10 working days of receiving the ~~UCAT, care plan, and service plan~~ Service Authorization Model (SAM) packet from the ~~LTC~~ OKDHS nurse, the OKDHS area nurse, or designee, ~~determines medical eligibility for Personal Care services,~~ certifies or denies the ~~care plan and service plan~~ Service Authorization Model (SAM) packet ~~and enters the medical decision on MEDATS~~. If there is certification, the OKDHS area nurse enters into the system the units authorized. ~~Denied service and care plans~~ Service Authorization Model (SAM) packets that fail to meet authorization are returned to the ~~LTC~~ OKDHS nurse for revision or further justification by the personal care service agency. ~~The LTC nurse revises and re-submits the denied service and care plans to the area nurse, or designee, within five working days of receipt of the returned documents.~~

~~(9)~~ (10) The OKDHS area nurse, or designee, ~~determines the medical certification period for the plan of care and service plan which is the same as the certification period for the medical eligibility decision [see OAC 317:35-15-7(b)]~~ assigns a medical certification period of not more than 36 months. The service plan certification period under the Service Authorization Model (SAM) is for a period of 12 month.

(11) Once the OKDHS nurse is notified of the service plan authorization, and within one working day, forwards copies of the certified Personal Care Service Plan [OKDHS form 02AG031E (AG-6)] to the agency.

(12) The OKDHS nurse notifies the OKDHS county worker in writing of the service and the number of authorized personal care service units including the start and end dates. The OKDHS county worker opens the service authorization. These steps are automated via ELDERS. Once the authorization is opened, five Service Authorization Model (SAM) visits by a skilled nurse are automatically authorized.

317:35-15-5. General financial eligibility requirements for Personal Care

Financial eligibility for Personal Care is determined using the rules on income and resources according to the category to which the individual is related. (See OAC 317:35-10 for individuals categorically related to AFDC, and OAC 317:35-7-36 for those categorically related to ABD.) ~~(1)~~ Income~~,~~ and resources ~~and expenses~~ are evaluated on a monthly basis for all individuals requesting payment for Personal Care who are categorically related

to ABD; maximum countable monthly income and resource standards for individuals related to ABD are found on OKDHS form 08AX001E (Appendix C-1), Schedule VI (QMBP program standards).

~~(2) The maintenance standards on the DHS Appendix C-1, Schedule II. A. are used to evaluate income and resources when an individual requests Personal Care with income and resources that exceed the categorically needy standards. Any vendor copayment for Personal Care is deducted from the claim prior to payment.~~

317:35-15-6. Determining financial eligibility of categorically needy individuals

Financial eligibility for Personal Care for categorically needy individuals is determined as follows:

(1) **Financial eligibility/categorically related to AFDC**. In determining income for the individual related to AFDC, all family income is considered. (See OAC 317:35-5-45 for Exceptions to AFDC rules.) The "family", for purposes of determining need, includes the following persons if living together (or if living apart but there has been no break in the family relationship):

(A) spouse; and

(B) parent(s) and minor children of their own.

(i) For adults, to be categorically needy, the net income must be less than the categorically needy standard as shown on the ~~DHS~~ OKDHS form 08AX001E (Appendix C-1), Schedule X.

(ii) For individuals under 19, to be categorically needy, the net income must be equal to or less than the categorically needy standard as shown on the ~~DHS~~ OKDHS form 08AX001E (Appendix C-1), Schedule I. A.

(2) **Financial eligibility/categorically related to ABD**. In determining income and resources for the individual related to ABD, the "family" includes the individual and spouse, if any. To be categorically needy, the countable income must be less than the categorically needy standard as shown on the ~~DHS~~ OKDHS form 08AX001E (Appendix C-1), Schedule ~~VIII. A~~ VI (QMBP standard). If an individual and spouse cease to live together for reasons other than institutionalization or receipt of the ADvantage waiver or HCBW/MR services, income and resources are considered available to each other through the month in which they are separated. Mutual consideration ceases with the month after the month in which the separation occurs. Any amounts which are actually contributed to the spouse after the mutual consideration has ended are considered.

(3) **Determining financial eligibility for Personal Care**. For individuals determined categorically needy for Personal Care, ~~excess income is not applied to~~ the member will not pay a vendor payment for Personal Care services.

317:35-15-7. Certification for Personal Care

(a) **~~Application date.~~** The first month of the Personal Care certification period must be the first month the ~~client~~ member was determined eligible for Personal Care, both financially and medically.

(1) As soon as eligibility or ineligibility for Personal Care is established, the local office updates the computer form and the appropriate notice is computer generated. Notice information is retained on the notice file for county use.

(2) An applicant approved for Personal Care under ~~Medicaid~~ SoonerCare as categorically needy is mailed a Medical Identification Card.

(b) **~~Certification period for Personal Care.~~** A medical certification period of not more than 36 months is assigned for an individual categorically related to ABD who is approved for Personal Care. The certification period for Personal Care is based on the UCAT evaluation and clinical ~~judgement~~ judgment of the OKDHS area nurse or designee. When the individual determined eligible for Personal Care is categorically related to AFDC, a medical certification period of not more than 36 months is assigned.

317:35-15-8. Agency Personal Care ~~service management~~ Service Authorization and Monitoring

~~(a) At the time of assessment, the OKDHS nurse informs the member of the qualified agencies in their local area available to provide services and obtains the member's primary and secondary choice of agencies. If the member or family declines to choose a primary PC service agency, the OKDHS nurse selects an agency from a list of all local available agencies, using a round-robin system. The OKDHS nurse documents the name of the selected PC service agency.~~

~~(b) After medical and financial eligibility are established, OKDHS contacts the member's preferred PC service agency or, if necessary, the secondary agency or the agency selected by the rotation system. The OKDHS nurse forwards the referral to the PC services agency and establishes an initial PC skilled nursing service authorization for assessment and care plan development. Within one working day, OKDHS notifies the PC service agency and member of eligibility approval and also the authorization for PC skilled nursing for assessment and care plan development. The agency, prior to placing a PCA in the member's home, initiates an OSBI background check, checks the OKDHS Community Services Worker Registry in accordance with Section 1025.2 of Title 56 of the Oklahoma Statutes, and, as appropriate, checks the Certified Nurse Aid Registry.~~

~~(c)~~ (a) Within ten working days of receipt of the ~~member's PC eligibility approval,~~ referral for Personal Care services, the ~~PC services agency skilled nurse~~ Personal Care Assessment/Service Planning Nurse completes ~~an in-home assessment of~~ a Service

Authorization Model (SAM) visit in the home to assess the member's ~~PC~~ Personal Care service needs, ~~develops a care plan~~ completes a Service Authorization Model (SAM) packet based on the member's needs and submits the ~~plan~~ packet to the OKDHS nurse. The member's ~~PC services care plan includes PC services goals and tasks, the number of authorized PC service units per month, frequency of PC service visits, the begin date for PC services, and the care plan end date which is no more than one year from the plan begin date. If more than one person in the household has been authorized to receive PC services, all household members' care plans are discussed and developed with the eligible members so service delivery can be coordinated to achieve the most efficient use of resources. The number of units of PC service authorized for each individual is distributed between all eligible family members to assure that the absence of one family member does not adversely affect the family member(s) remaining in the home.~~ Service Authorization Model (SAM) packet includes:

(1) State Plan Personal Care Progress Notes (OKDHS form 02AG044E);

(2) Personal Care Planning Schedule [OKDHS form 02AG030E (AG-5)];

(3) Personal Care Plan [OKDHS form 02AG029E (AG-4)]; and

(4) Personal Care Service Plan [02AG031E (AG-6)].

(b) If more than one person in the household has been referred to receive Personal Care services, all household members' Service Authorization Model (SAM) packets are discussed and developed with the eligible members so service delivery can be coordinated to achieve the most efficient use of resources. The number of units of Personal Care service authorized for each individual is distributed between all eligible family members to assure that the absence of one family member does not adversely affect the family member(s) remaining in the home.

~~(d) Within three working days of receipt of the care plan from the PC services agency, the OKDHS nurse reviews and approves or denies the care plan and notifies the agency. The OKDHS nurse may also reduce the number of units requested by the PC services agency and then approve the care plan. When the OKDHS nurse denies a plan or approves a plan with fewer authorized units than the submitted plan, OKDHS consults with the PC services agency prior to denying the care plan or approving the care plan with reduced units.~~

(c) The Personal Care service agency receives a certified Service Plan [OKDHS form 02AG031E (AG-6)] from OKDHS as authorization to begin services. The agency delivers a copy of the care plan and service plan to the member upon initiating services.

~~(e)~~ (d) Prior to placing a ~~PC~~ Personal Care attendant in the member's home or other service-delivery setting, an OSBI background check, OKDHS Community Service Worker Registry check in accordance with Section 1025.2 of Title 56 of the Oklahoma Statutes, and as

appropriate, the Certified Nurse Aide Registry Check must be completed.

~~(f)~~ (e) The ~~PC service skilled nurse~~ Personal Care Assessment/Service Planning Nurse monitors their member's ~~care~~ plan of care.

(1) The ~~PC~~ Personal Care service provider agency contacts the member within ~~5~~ five calendar days of receipt of the approved ~~care plan~~ Service Plan [OKDHS form 02AG031E (AG-6)] in order to make sure that services have been implemented and the needs of the member are being met.

(2) The ~~PC services agency nurse~~ Personal Care Assessment/Service Planning Nurse makes a Service Authorization Model (SAM) home visit at least every 180 days to assess the member's satisfaction with their care and to evaluate the ~~care plan~~ Service Authorization Model (SAM) packet for adequacy of goals and units authorized. Whenever a home visit is made, the ~~PC services agency nurse~~ Personal Care Assessment/Service Planning Nurse documents their findings in the ~~personal care services progress notes~~ State Plan Personal Care Progress Notes (OKDHS form 02AG044E). The personal care agency forwards a copy of the Progress Notes to the OKDHS nurse for review. The monitoring visit may be conducted by an LPN. If an LPN or social worker conducts the monitoring visit, an RN must co-sign the progress notes.

(3) Requests by the ~~PC~~ Personal Care service agency to change the number of units authorized in the ~~care plan~~ Service Authorization Model (SAM) packet are submitted to OKDHS and are approved or denied by the OKDHS area nurse, or designee prior to implementation of the changed number of units.

(4) Annually, or more frequently if the member's needs change, the ~~PC services agency nurse~~ Personal Care Assessment/Service Planning Nurse re-assesses member's need and develops a new ~~care plan~~ Service Authorization Model (SAM) eligibility packet to meet personal care needs. ~~If the member's need does not change, the agency nurse may re-authorize the member's existing plan.~~

~~(g) When the PC services agency returns the member's care plan containing a service start date to OKDHS, the OKDHS nurse notifies the OKDHS county social worker in writing of the service and number of authorized PC service units and the start and end date of PC service authorization.~~

(5) If the member is unstaffed, the Personal Care service agency communicates with the member and makes efforts to restaff. If the member is unstaffed for 30 calendar days, the agency notifies the OKDHS nurse on an OKDHS form 02AG032E (AG-7), Provider Communication Form. The OKDHS nurse contacts the member and if the member chooses, initiates a transfer of the member to another Personal Care service agency that can provide staff.

317:35-15-8.1. Agency Personal Care services; billing, and ~~issue~~ problem resolution

The ~~Administrative Agent~~ ADvantage Administration (AA) certifies qualified ~~PC~~ Personal Care service agencies and facilitates the execution of the agencies' SoonerCare contracts on behalf of OHCA. OHCA will check the list of providers that have been barred from ~~Medicare/Medicaid~~ Medicare/SoonerCare participation to ensure that the ~~PC~~ Personal Care services agency is not listed.

(1) **Payment for Personal Care.** Payment for ~~PC~~ Personal Care services is generally made for care in the member's "own home". In addition to an owned or rented home, a rented apartment, room or shelter shared with others is considered to be the member's "own home". A facility that meets the definition of a nursing facility, room and board, licensed residential care facility, licensed assisted living facility, group home, rest home or a specialized home as set forth in O.S. Title 63, Section 1-819 et seq., Section 1-890.1 et seq., and Section 1-1902 et seq., and/or in any other type of settings prohibited under applicable federal or state statutes, rules, regulations, or other written instruments that have the effect of law is not a setting that qualifies as the member's "own home" for delivery of ~~PC~~ Personal Care services through SoonerCare. With prior approval of the OKDHS area nurse, ~~PC~~ Personal Care services may be provided in an educational or employment setting to assist the member in achieving vocational goals identified on the care plan.

(A) **Use of Personal Care service agency**. To provide ~~PC~~ Personal Care services, an agency must be licensed by the Oklahoma State Department of Health, meet certification standards identified by OKDHS ~~or the AA~~, and possess a current SoonerCare contract.

(B) **Reimbursement**. Personal Care services payment on behalf of a member is made according to the type of service and number of units of ~~PC~~ Personal Care services authorized in the ~~care plan~~ Service Authorization Model (SAM) packet.

(i) The amount paid to ~~PC~~ Personal Care services providers for each unit of service is according to the established SoonerCare rates for the ~~PC~~ Personal Care services. Only authorized units contained ~~on~~ in each eligible member's individual ~~care plan~~ Service Authorization Model (SAM) packet are eligible for reimbursement. Providers serving more than one ~~PC~~ Personal Care service member residing in the same residence will assure that the members' ~~care plans~~ Service Authorization Model (SAM) packets combine units in the most efficient manner possible to meet the needs of all eligible persons in the residence.

(ii) Payment for ~~PC~~ Personal Care services is for tasks

performed in accordance with OAC 317:30-5-951 only when listed on an authorized ~~care~~ plan of care. Payment for ~~PC~~ Personal Care skilled nursing service is made on behalf of the member for assessment/evaluation and associated service planning per assessment/service planning visit by the ~~provider agency personal care skilled nurse~~ Personal Care Assessment/Service Planning Nurse.

(2) **Issue resolution.**

(A) If the member is dissatisfied with the ~~PC~~ Personal Care services provider agency or the assigned PCA, and has exhausted attempts to work with the ~~PC~~ Personal Care services agency's grievance process without resolution, the member may contact the OKDHS nurse to attempt to resolve the issues. The member has the right to appeal to the OHCA in accordance with OAC 317:2-1-2. For members receiving ADvantage services, the member or family should contact their case manager for the problem resolution. If the problem remains unresolved, the member or family should contact the Consumer Inquiry System (CIS). Providers are required to provide the CIS contact number to every member. The ADvantage Program member also has the right to appeal to the OHCA in accordance with OAC 317:2.

(B) When a problem with performance of the Personal Care attendant is identified, a counseling conference is held between the member, the attendant and the agency staff. Agency staff will counsel the attendant regarding problems with his/her performance.

317:35-15-9. Redetermination of financial eligibility for Personal Care

~~(a)~~ The ~~social~~ OKDHS county worker must complete a redetermination of financial eligibility before the end of the certification period. A notice is generated only if there is a change which affects the client's financial ~~responsibility~~ eligibility.

~~(b) The area nurse, or designee, must complete a redetermination of medical eligibility before the end of the long-term care medical certification period.~~

317:35-15-10. Redetermination of medical eligibility for Personal Care services

(a) **Medical eligibility redetermination.** The OKDHS area nurse, or designee, must complete a redetermination of medical eligibility before the end of the long-term care medical certification period.

~~(a)~~ (b) **Recertification**. The OKDHS nurse re-assesses the ~~PC~~ Personal Care services member for medical re-certification based on the member's needs and level ~~or~~ of caregiver support required,

using the UCAT at least every 36 months. During this re-certification assessment, the OKDHS nurse informs the member of the state's other SoonerCare long-term care options. The OKDHS nurse submits the re-assessment~~,~~ to the OKDHS area nurse, or designee, for re-certification. ~~Recertification documents are~~ Documentation is sent to the OKDHS area nurse, or designee, no later than the tenth day of the month in which the certification expires. When the OKDHS area nurse, or designee determines medical eligibility for ~~PC~~ Personal Care services, a re-certification review date is entered on the system.

~~(b)~~ (c) **Change in ~~service plan and care plan~~ amount of units or tasks within Personal Care service for ~~State Plan PC~~ Personal Care service members.** ~~Upon notification by the PC service agency of the member's need for a change in the amount of PC service required, the OKDHS nurse initiates the process to increase or decrease the approved units of service on the member's care plan. Based on the documentation provided by the PC service agency to OKDHS, the area nurse or designee approves or denies the care plan changes within three working days of receipt of the request. A copy of the signed care plan is included in the case record. The social worker updates the service authorization system after they are notified of the increase or decrease.~~ When the Personal Care services agency determines a need for a change in the amount of units or tasks within the Personal Care service, a new Personal Care Service Authorization Model (SAM) packet is completed and submitted to OKDHS. The change is approved or denied by the OKDHS area nurse, or designee prior to implementation.

~~(c)~~ (d) **Voluntary closure of ~~State Plan PC~~ Personal Care services**. If a member decides Personal Care services are no longer needed to meet his/her needs, a medical decision is not needed. The member and the OKDHS nurse or ~~social~~ OKDHS county worker completes and signs OKDHS form 02AG038E, AG-17, Voluntary Action of Personal Care Case Closure form.

~~(d)~~ (e) **Resuming ~~State Plan PC~~ Personal Care services.** If a member approved for Personal Care services has been without ~~PC~~ Personal Care services for less than 90 days but still has a current ~~PC~~ Personal Care services medical and SoonerCare financial eligibility approval, ~~PC~~ Personal Care services may be resumed using the member's previously approved ~~care plan~~ Service Authorization Model (SAM) packet. The ~~PC~~ Personal Care service agency submits a ~~PC~~ Personal Care services skilled nursing re-assessment of need within ten working days of the resumed plan start date using the State Plan Personal Care Progress Notes, OKDHS form 02AG044E. If the member's needs dictate, the ~~PC~~ Personal Care services agency may submit a request for a change in authorized ~~PC~~ Personal Care services units with ~~the re-assessment for authorization review by~~ a Service Authorization Model (SAM) packet to OKDHS.

~~(e)~~ (f) **Financial ineligibility**. Anytime OKDHS determines a ~~PC~~ Personal Care services member does not meet the SoonerCare financial eligibility criteria, the local OKDHS office notifies the member, ~~PC~~ Personal Care service provider, and the OKDHS nurse of financial ineligibility.

~~(f)~~ (g) **Closure due to medical ineligibility**. If the local OKDHS office is notified through the system that a member is no longer medically eligible for Personal Care, the ~~social~~ OKDHS county worker notifies the member of the decision. The OKDHS nurse notifies the ~~PC~~ Personal Care service agency.

~~(g)~~ (h) **Termination of State Plan Personal Care Services**.

(1) Personal Care services may be discontinued if:

(A) the member poses a threat to self or others as supported by professional documentation; or

(B) other members of the household or persons who routinely visit the household who, as supported by professional documentation, pose a threat of harm or injury to the member or other household visitors; or

(C) the member or family member fails to cooperate with Personal Care service delivery or to comply with OHCA or OKDHS rules as supported by professional documentation; or

(D) the member's health or safety is at risk as ~~documented on the UCAT~~ supported by professional documentation; or

(E) additional services, either "formal" (i.e., paid by ~~Medicaid~~ SoonerCare or some other funding source) or "informal" (i.e., unpaid) are provided in the home eliminating the need for SoonerCare Personal Care services.

(2) The member refuses to select and/or accept the services of a ~~PC~~ Personal Care service agency or PCA for 90 consecutive days as supported by professional documentation.

(3) For persons receiving ~~State Plan PC~~ Personal Care services, the ~~PC~~ Personal Care services agency submits documentation with the recommendation to discontinue services to OKDHS. The OKDHS nurse reviews the documentation and submits it to the OKDHS Area Nurse for determination. The OKDHS nurse notifies the member and the Personal Care service agency or PCA, and the local OKDHS county ~~social~~ worker of the decision to terminate services. ~~The social worker closes the authorization on the OKDHS system which sends~~ The member is sent an official closure notice ~~to the member~~ informing them of their appropriate member rights to appeal the decision to discontinue services.

317:35-15-11. Case transfer between categories [REVOKED]

~~If it becomes necessary to transfer a Medicaid Personal Care case from one category to another because of change of age, income, or marital status, a new application is not required. If someone other than the client or guardian signed the original application form and the transfer is to a money payment case, an application~~

~~with the member's signature is required. The new case is certified retaining the original certification date and redetermination date, using the appropriate code for transfer from the old category and the appropriate effective date which coincides with the closure of the previous case category. Members and appropriate medical contractors are notified of the new case number and category by computer generated notice.~~

317:35-15-14. Billing procedures for Personal Care

Billing procedures for Personal Care Services are contained in the OKMMIS Billing and Procedure Manual. Questions regarding billing procedures that cannot be resolved through a study of the manual are referred to the OHCA. Contractors for Personal Care bill on ~~HCFA-1500~~ CMS-1500. The OKDHS county office provide instructions to an individual PCA for completion of the claim at the time of the contractor orientation. Each Personal Care contractor submits a claim for each ~~client~~ member. The contractor prepares claims for services provided and submits the claims to the fiscal agent who is responsible for assuring that the claims have been properly completed. All Personal Care contractors must have a unique provider number. New contractors will be mailed the provider number after they have been placed on the claims processing contractor's provider file.

317:35-15-15. Referral for social services

In many situations, adults who are receiving medical services through ~~Medicaid~~ SoonerCare need social services. The ~~LTC~~ OKDHS nurse may make referrals for social services to the OKDHS worker in the local office. In addition to these referrals, a request for social services may be initiated by a ~~client~~ member or by another individual acting upon behalf of a ~~client~~ member.

(1) The OKDHS county worker is responsible for providing the indicated services or for referral to the appropriate resource outside the Department if the services are not available within the Department.

(2) Among the services provided by the OKDHS worker are:

(A) Services that will enable individuals to attain and/or maintain as good physical and mental health as possible;

(B) Services to assist patients who are receiving care outside their own homes in planning for and returning to their own homes or to other alternate care;

(C) Services to encourage the development and maintenance of family and community interest and ties;

(D) Services to promote maximum independence in the management of their own affairs;

(E) Protective services, including evaluation of need for and arranging for guardianship; and

(F) Appropriate family planning services, which include

assisting the family in acquiring means to responsible parenthood. Services are offered in making the necessary referral and follow-up.