

Independent Provider (IP) Program

Service Advisory Agency & Fiscal Intermediary Provider Manual



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Introduction

The Independent Provider (IP) Program is an option for people living in their homes, who have been approved for Medicaid Long Term Services and Supports (LTSS) and who need assistance with personal care and homemaker services. This manual is designed for the Service Advisory Agency (SA) and Fiscal Intermediary (FI). It should provide basic information about the program, assist with managing caseload and be a source document for general questions.

The services you provide under this program are limited to homemaker and personal care services.

Overview

The overall goal of the IP Program is to provide home and community-based services where eligible consumers can exercise choice and control (i.e., hire, fire, supervise, manage) of the Personal Care Aide (PCA) who provide their care without dealing with the financial decisions of hourly rates or other budgetary concerns. The consumer chooses the SA and FI, when more than one exists, to assist in making informed decisions that are consistent with their needs and that reflect their individual circumstances.

Those participating in the program must:

- Be eligible for traditional Medicaid fee-for-service (FFS), be 65 or over or have disabilities and be 18 or over

- Meet requirements for high or highest level of care
- Be non-medical to match the training that is provided to the attending PCA
- Be able to self-direct or have a representative that can direct care
- Want to return their home or remain in their home
- Be willing to work with the SA and FI to adhere to the standard requirements

The services provided are as follows:
(and listed in detail in the appendices)

Homemaker services include:

- Aid in grocery shopping
- Aid in cooking
- Assistance with using the phone & looking up phone numbers
- Assistance in housework: cleaning, dusting, vacuuming, laundry
- Assistance using public transportation
- Assistance paying bills/managing bills
- Reminding the consumer to take their medication

Personal care services include:

- Aid in bathing: personal hygiene & grooming,

foot care, foot soak, applying foot lotion, shampoo hair, comb/brush, shaving

- Aid in dressing: dressing & undressing, apply lamb's wool & elastic stockings
- Aid in transferring: movement & mobility – moving from bed to chair
- Aid in toileting: continence-related tasks including control & hygiene
- Aid in eating: preparing food & feeding
- Aid in walking/climbing stairs
- Aid in applying dry heat & cold packs to intact skin
- Empty catheter bag, commode, urinal
- Assist with bowel/bladder retraining

Who would be an IP Consumer?

Sue is 75 years old. She recently fell and was admitted to the hospital. She damaged the whole left side of her body. When she was discharged from the hospital, she was sent to rehab. After a short time in rehab, she was released and came back to her home.

Because of the fall, Sue was unable to gain full use of her left side of her body. She needs help preparing meals, making phone calls, doing laundry, etc. Sue wants to stay at home but needs help.

Sue is eligible for LTSS and thinks that utilizing a self-directed program may be the best move for her. Her neighbor's daughter is willing to assist Sue at home. Sue was informed that she can still choose self-direction thru the Independent Provider Program.

Under this model, Sue's PCA will be trained prior to providing personal care and homemaker services. Sue will work with a service advisory agency to determine how many hours of services are available. Sue will work with a fiscal intermediary, who will handle the budget and pay the PCA a set rate that has been established under the program.

Sue is happy that she gets to stay home and maintain her normal daily lifestyle.

Why the IP Program and self-direction?

Consumers will choose the IP Program for the following reasons:

- ✓ **Consumer Control:** The consumer has control to hire, schedule, and supervise the PCA.
- ✓ **Consumer Choice:** The consumer provides the direction. The consumer tells the PCA what needs to be done, how they want their services provided, and when they want their services provided. The consumer is the only person that can tell you, the PCA, what works for them.
- ✓ **Trust:** The consumer must have a PCA that they can trust and depend on. They will then feel truly independent. A consumer will not employ someone they cannot trust. Trusting their PCA is the most important part of their life.
- ✓ **Reliability:** The consumer needs to know when their PCA is not going to be present. The consumer needs to know if the PCA is feeling ill, so they can find someone else as soon as possible. The consumer cannot live at home without the support of their PCA.

Overall roles of the Providers

The IP Program is designed for a consumer to have control over the hours they receive and operate as an employer while adhering to the requirements of Medicaid, which fund the IP Program.

Two types of agencies provide consumer/participant's with assistance:

- 1) Service Advisement Agency (SA)
- 2) Fiscal Intermediary (FI)

The Service Advisor (SA) Role

The SA will provide at a minimum, the following services to all consumers enrolled in the IP Program:

- Assist applicant with applying for LTSS and recertifications as needed
- Complete in-depth assessments to determine applicant needs
- Assist applicant in obtaining an annual physician medical form for Level of Care (LOC) determination
- Works with applicant to identify realistic and achievable goals
- Assess the applicant's community integration needs and assist in accessing services as needed.
- Aid in finding the right program fit
- Identify whether the Individual Service Plan (ISP) will include the need for a PCA that can drive the consumer to non-emergency medical appointments and Medicaid allowed community locations
- Provide support and guidance with other social service needs as they appear
- Work with the FI to develop the ISP
- Monitor the consumer/program implementation,

ongoing service delivery and consumer health and safety, per the IP Program Certification Standards, by:

- calling consumer monthly to check and record notes into the Consumer Directed Module (CDM) system
- performing quarterly in-home evaluations and record into CDM system. One of the evaluations being unannounced
- answering calls in-between visits and as they occur
- Record all notes, overall, that help you with care into the CDM system
- Monitor for any fraud or abuse situations and report
- Verify and record the emergency backup plan for the consumer into the CDM system
- Guide consumer to the PCA registry if there is no one in mind for the consumer
- Provide initial and ongoing training to the consumer and/or representative
- Line up a different program when this program is not working

Additionally, Mobility and Environmental Accessibility, Health Management and Education services are to be made available to all consumers in the IP Program. These services will include, but will not be limited to the following:

- Assist the consumer by assessing the need for Adaptive Equipment, Home Modifications and/or Assistive Technology, both high and low tech that will improve the consumer's independence and safety in their home environment and in accessing the community
- Assist the consumer by lining up options for

Durable Medical Equipment (DMEs) through Medicaid for the identified items since in the IP Program the consumer does not have a budget

- Train and educate in the use of adaptive equipment that will increase consumer independence or increase the safety and efficiency of caregivers
- Assess the consumer's current medical condition and how it relates to and interacts with their disability and/or chronic condition(s)
- Provide educational and training opportunities to the consumer that help the consumer better manage the effects of their disability and/or chronic medical condition(s) and prevent development of additional medical conditions, either personally or through existing community resources
- Assist the applicant/consumer in identifying, applying for and accessing available community resources in the areas of wellness and health promotion or maintenance

The Fiscal Intermediary (FI) Role

The participant/consumer has several responsibilities as an employer of a PCA and working with the hours of the plan. The FI guides the consumer with this process.

The FI is contracted to:

- Obtain Workers Compensation Insurance for the PCAs
- Assist the consumer with procedures and forms to use when hiring and changing PCAs
- Help the consumer understand the procedures and forms to use for reporting the hours worked by their PCAs (i.e. timesheets)
- Review the PCA timesheet to verify it agrees with the approved ISP
- Send the prospective PCAs to get the National Criminal Background Check
- Receive AG email status result and move forward, automatically, with next steps of employment for a **PASS** result
- Review a **FAIL** result with prospective PCA. The prospective PCA should have also received the report. Reference the steps she/he might take to retrieve the report from the AG's office for her/his personal review for accuracy
- Notify EOHHS of **FAIL** result for a possible review of the case with the consumer if there is a familial/known connection with the prospective PCA
- Receive written consumer reasoning for disqualifying Category II offenses (see appendices) of the familial/known PCA and note whether the requirements of changed

behaviors are adequate for consideration of employment

- Line up Mandatory Orientation (MO) training for prospective PCAs by advertising the classes, setting up classes of cohorts with the training provider and leading the FI training section of the class
- When cohorts of 15 PCAs are ready for formal training, contact the training provider to align a location, classroom and agreed upon time for the classes (note that there are times where classes of smaller cohorts are hosted)
- Inform the PCAs of the possibility of union arbitration during the MO training, as stated in the statute, and that the PCA has the choice to join the resultant union once one is formed
- Advise PCAs of their rights as employees
- Instruct the PCA to get and keep their CPR certification up to date while monitoring results
- Line up formal training for the prospective, familial/known PCA when the formal path of training is chosen by the familial/known consumer
- Notify the PCAs of pending classes for which they should report
- Verify the formal training is finished within 90 days of the start of employment
- Monitor when formal training is not completed in the allotted time period so that notification can be made to the consumer, SA and IP Program Administrator of such lack of compliance with a possible hold on the next payroll check release
- Poll PCA as to whether PCA wishes to be added

to the IP Registry when formal training is completed by the PCA. If PCA does want to be listed, collect information required (see appendices) in the IP Registry Spreadsheet

- Send IP Registry Spreadsheet to the IP Program Administrator for posting on EOHHS website weekly when there are changes. If there are no additions/changes/deletions, there is no requirement to send the IP Registry Spreadsheet
- Remove active IP registry PCA record when she/he becomes disqualified for any reason and resend the file to the IP Program Administrator with instructions regarding emergency removal. This will cause a re-posting of the Registry on the EOHHS website
- Receive certification results from the training provider(s) for filing
- Set up a system to record all results of trainings, certification, re-certifications of the PCAs
- Notify the consumer, SAs and IP Program Administrator when an active PCA is no longer qualified to work as a PCA
- Guide the consumer through procedures and forms to use when hiring or changing PCAs
- Advise PCAs of their rights as employees
- Help PCAs understand how to fill out timesheets
- Help the consumer know how to verify timesheets and perform sign off
- Crosscheck PCA timesheets to the approved ISP
- Make payments to the PCA based on the consumer's instructions and approved ISP
- Perform all other necessary payroll functions

- Check the PCA's driving record at the start of employment if she/he will be driving the consumer as part of the ISP
- Crosscheck that there are no entries for active PCAs in the Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE) and Federal General Services Agency (GSA) data bases, as specified in CMS Federal regulations, at every payroll run. If there is an entry for PCA(s), place a hold on the next payroll check releases and immediately notify the consumer, SA and IP Program Administrator
- Instruct and monitor the usage of Electronic Visit Verification (EVV) as required by Medicaid, the State of Rhode Island and in accordance with the FI's software system

Who is the service advisory (SA) for the IP?

Seven Hills Rhode Island
www.sevenhills.org
401-229-9700

Who is the fiscal intermediary (FI) for the IP?

Public Partnerships (PPL)
www.publicpartnerships.com
1-833-976-1856
TTY
1-800-360-5899

The Training of the PCA

Paths of training is dependent on how PCA was introduced to the IP Program

Possible paths:

✓ **PCA is familial/known to IP consumer..**

- In home training is requested: After completion of the Mandatory Orientation (MO) & passing of the National Criminal Background Check (NBCI), she/he has 90 days to complete the First Aid/CPR certification with the training provider and be trained by the consumer while working in the home. In this path, the consumer has decided that she/he knows best on how the homemaker and personal care services should be performed. Once the PCA begins working, she/he might even begin working for another IP consumer. That consumer will have gone through the same IP Program approval process as the current consumer and is ready for in-home care. In each working relationship, the consumer decides if formal training with the training provider or home training is best for her/him.

✓ **PCA is familial/known to IP consumer BUT..**

- Formal training is requested: After the PCA has completed the MO & passed the NBCI,

she/he has 90 days to complete the First Aid/CPR certification and the Activities of Daily Living (ADL)/ Instrumental Activities of Daily Living (IADL) training courses. In this path, the consumer has decided that the formal training is best even though she/he knows the PCA. This consumer decides she/he does not want to explain all the duties alone. The PCA can train and work during the 90-day period, but she/he must get the training completed in the 90 period. Once the training is complete, she/he is eligible to be on the Registry. This may allow for expansion of working possibilities for the PCA.

✓ **The prospective PCA is interested in the IP Program but does not know a consumer..**

- The prospective PCA can prepare to become a PCA for IP consumers by completing the MO & passing the NBCI. The PCA is then enrolled by the FI for First Aid/CPR certification and the ADL/IADL training course. After satisfactory completion of these last two trainings, the PCA can join the Registry if she/he so desires. If the PCA does not wish to be listed in the Registry and does not have an IP Consumer, it could be difficult to find a match.

Consumer Rights and Responsibilities

Rights

A Consumer has the right to:

- ✓ Be treated as an adult, with dignity and respect always
- ✓ Privacy in all interactions with the agencies and freedom from unnecessary intrusion
- ✓ Make informed choices based upon appropriate information provided to her/him, and have those choices respected, while respecting the rights of others who disagree with those choices
- ✓ Freely choose between approved providers as appropriate or applicable
- ✓ Feel safe and secure in all aspects of life, including health and well-being; be free from exploitation and abuse; and not be overprotected
- ✓ Realize the full opportunity that life provides by not being limited by others, by making full use of the resources the program provides, and by being free from judgments and negativity
- ✓ Live as independently as she/he chooses
- ✓ Have individual ethnic background, language, culture and faith valued and respected
- ✓ Be treated equally and live in an environment that is free from bullying, harassment and discrimination

- ✓ Voice grievances about care or treatment without fear of discrimination or reprisal
- ✓ Voluntarily withdraw from the program at any time
- ✓ Ask questions until she/he understands
- ✓ Request a new assessment if her/his needs change
- ✓ Create an ISP to meet her/his needs within the IP Program guidelines, and to change the plan as her/his needs or goals change
- ✓ Decide who to hire to assist her/him
- ✓ Decide if the PCA should receive the formal ADL/IADL training course
- ✓ Decide if she/he will train the PCA and finalize the authorization by signing the Consumer PCA 13-Hour (ADL/IADL) Training Waiver naming the PCA in the release
- ✓ Train each PCA to meet their individual needs
- ✓ Replace PCAs who do not meet their needs
- ✓ Understand all SA and FI agency fees
- ✓ Receive a report on how they have utilized their hours if requested
- ✓ Appeal any decision made by the SA and FI Agencies or the Medicaid Agency and expect a prompt response

Responsibilities

The Consumer has the responsibility to maintaining a safe environment

As an employer, the consumer is required by law to maintain a harassment-free workplace. There are two types of workplace harassment — creating a hostile work environment and quid pro quo harassment.

Quid pro quo harassment is the harassment of any male or female in the workplace or in a professional or social setting by another male or female involving lewd or obscene comments or unwanted sexual advances or inappropriate acts.

Examples of behaviors that may contribute to an unlawful hostile or quid pro quo environment include things such as:

- Discussing sexual activities
- Telling off-color jokes about race, sex or disability
- Unnecessary touching
- Making comments about someone's physical attributes
- Using demeaning or inappropriate terms or epithets
- Using indecent gestures
- Using crude language
- Sabotaging the victim's work;
- Being physically hostile; or
- Displaying sexually suggestive or racially insensitive pictures

Note:

If the consumer is unable to maintain a safe workplace for the PCA, she/he will not be able to participate in the IP Program. This should be re-enforced with the consumer by the agencies to supplement the training and documentation provided to the consumer and, for that matter, the PCA.

The Consumer has the responsibility to:

- ✓ Manage and maintain their health; access medical help as needed; or seek assistance in order to do so
- ✓ Not make decisions or act in such a way that would place their health and safety at risk
- ✓ Demonstrate the required skills and abilities needed to self-direct PCAs without jeopardizing health and safety or designate a representative to assist her/him
- ✓ Manage personal care services by:
 - Meeting and cooperating with the SA as required for completing all needed assessments and monitoring
 - Developing and monitoring an ISP to address personal care service needs within the requirements of the IP Program
 - Notifying the SA of any changes in medical status or admissions to hospitals or other medical facilities
 - Notifying the SA and FI of non-medical absences from the home such as vacations or trips
 - Notifying the SA if other services are being provided (ex: Visiting Nurses, Hospice)
 - Hiring and supervising PCAs, and ensuring they are performing their duties as needed

✓ Act as a supervising employer by:

- Completing hiring agreements with each PCA
- Following all employment laws and regulation
- Following all requirements of the FI/IRS for hiring and paying PCAs and by completing all necessary forms
- Treating all employees with dignity and respect
- Ensuring a safe work environment for the PCAs
- Being aware of the IP Program rules and regulations
- Understanding what Medicaid Fraud is
- Reviewing timesheets for accuracy and submitting them in a timely manner
- Developing an emergency back-up plan
- Providing to PCA staff: orientation and training of the home; time and day of shifts that are suitable; special needs
- Scheduling PCA staff and ensure that PCAs do not work over 40 hours per week
- Notifying the PCA of any absences (ex: elective surgery, vacations, trips) causing a lack of need for a PCA

- Discussing with the FI the possibility of a termination before the termination occurs
- Terminating PCA staff when necessary only after informing the FI of the upcoming plan
- Contacting the FI in the event of a billing or payment complaint

Additional Consumer responsibilities

- ✓ Rights as a Rhode Island Employee: As an employer, the consumer has the responsibility to ensure that the PCAs are given the same rights as other employees in Rhode Island. This includes the ability to access Social Security, Medicare, Unemployment, Temporary Disability Insurance (TDI) and Workers' Compensation.
- ✓ Providing PPEs: The ISP may require that gloves, masks and/or gowns (PPEs) be supplied.
 - If the ISP is requiring assistance in **toileting**, then gloves **are** required
 - If the ISP is requiring **showering assistance**, gloves **are not** required

PPE requirements are the financial responsibility of the consumer. The PCA has been taught during MO training to notify the FI when required supplies are not being made available. If these items are not being supplied when they are required and the FI is made aware, the FI will notify the SA of the issue.

Ultimately, the FI will discuss the matter with the consumer. If this still does not impress the need for PCA supplies, the possibility of warnings followed by

dismissal of the consumer from the IP program may be required.

- ✓ Monitoring the observance of universal precautions: The PCA is trained to practice universal precautions to prevent the spread of disease. The PCA should not need to be reminded of universal precautions as this is covered in MO and ADL/IADL trainings. However, coaching after trainings by the consumer and/or SA may be required. When coaching is not working, a refresher ADL/IADL training will be suggested if the PCA took the ADL/IADL training. If the PCA did not take the ADL/IADL training because the consumer waived the training, attendance in the ADL/IADL will be urged. All additional trainings for the PCA will be noted in the PCA's records. If a waived ADL/IADL exists on file and the PCA is now taking the training, the IP Consumer PCA 13-Hour ADL/IADL Training Waiver will be marked voided in the file and replaced with the ADL/IADL training attendance records. If all the above precautionary steps are taken and the PCA continues to not follow universal precautions, the possibility of warnings followed by dismissal may be required.
- ✓ Monitoring for proper care: The consumer should be notifying the FI when care is not appropriate, and it is recognized by the consumer. Lack of appropriate care may also surface through the SA with the SA notifying the FI. Training will need to be reviewed for the PCA as described in universal precautions example above. The situation may be so egregious that a review of the issues between the consumer, FI, SA and IP Program Administrator is in order.

Screening, Acceptance and Admission

Each SA shall define the population it intends to service under the IP Program as follows:

- A long-term care program for consumers with disabilities over the age of (18) eighteen or elders aged (65) or over who may or may not receive services from BHDDH and meet either a high or highest level of care
- A program which allows the consumer to remain or return home, and
- A program that allows the consumer to purchase and direct her/his own care and services from a budget of hours based on individual functional needs.

The SA will have a mission and philosophy statement that reflects the needs of the consumer, the services, and supports it is committed to provide, and a commitment to the philosophy of Consumer Direction and the IP Program. Keeping this philosophy in mind, the SA will provide the applicant with information about not only the IP Program, but also, all other available home and community-based care in order to assist the applicant in making an informed choice.

Basic eligibility criteria for the IP Program include, but are not limited to:

- A disability affecting either cognitive or physical capacity to complete ADLs/IADLs in a safe or timely manner
- Eligibility for Medical Assistance through the Medicaid Long Term Care eligibility rules
- Meeting either a high or highest level of care as

determined by the Medicaid Office of Medical Review

- Possessing the ability to self-direct and manage all aspects of their personal care and community living needs or having a representative, other than the PCA, to assist in the role of self-direction and management of the program for the consumer.

Self-Direction Assessment

The self-direction assessment is designed to assist the SA in determining if the applicant possesses the ability to self-direct and manage her/his own care. The questions are intended to elicit information needed for the SA to determine eligibility for the program and/or the need for a representative to assist the consumer.

Since IP consumers will be responsible for overseeing the day-to-day provisions of services, it is important that she/he possesses the ability and desire to be involved in this process. The consumer must have the ability to make choices, set goals, be aware of what is adequate or inadequate care, and make changes as to how her/his care is provided. A key component in ensuring that each individual IP consumer is receiving high quality care in this type of consumer directed program is to assure that she/he can recognize and monitor her/his program independently.

The participating applicant should be asked all the questions in the self-directed assessment. The inability to answer one or two questions may not necessarily indicate the inability to self-direct her/his own care, but may indicate the need for more guidance, education,

and training in those areas in question. The SA should also rely on observation of the participant, and how she/he responds and answers each question.

The purpose of this tool is to determine if the participating applicant can manage the IP Program after she/he receives information and training. This tool is also intended to show the participant areas of deficit and issues of concern that may prevent she/he from operating in the program safely and efficiently. Finally, it is designed to assist the participant in deciding whether a representative may be needed to assist she/he in managing some or all aspects of the program that they may have difficulty in doing independently. The questions can be found in the appendices. The assessment will be filed in the consumer's case record.

Consumer Management Criteria

The SA, prior to the start of a self-directed program, should determine if the participating applicant possesses the requisite skills to manage a self-directed home and community-based assistance program. This tool is different from the Self-Direction Assessment in that it is more of a hands-on program assessment, giving the SA information as to whether the applicant understands how the program works.

The questions will be asked of all participating applicants, and the SA will record the answers to the questions which will be filed in the consumer's case record. All the questions are designed to elicit answers that should indicate the participating applicant's ability and/or readiness to take part in the program.

Some of the questions (specifically 2, 12, 13 and 14) do not necessarily have a right or wrong answer, but rather are meant to determine if the participating applicant understands the concepts and philosophy of the program, as well as, the ability to recognize their responsibilities in the area of quality management. The SA determines if the participating applicant possesses the skills required to manage a self-directed program, and to provide guidance, support and training in areas where assistance is indicated.

The Consumer Management Criteria questions can be found in the appendices.

Assessment Criteria

Assessment criteria will include, but not necessarily be limited to the following:

- A case manager from the SA will conduct an initial assessment as detailed below
- An environmental accessibility and health/medical assessment are to be conducted as part of the intake process once the initial assessment has been completed

Assessments

An assessment measuring ADLs and IADLs is conducted to determine the participating applicant's needs. Hours of needed assistance are based on the amount and level of assistance required, frequency of

the task, and presence of any secondary conditions that would require a need for more time to complete the task. There are six (6) levels of assistance for each activity (refer to chart below). In addition to medical information and self-reporting, the assessor may observe or request the participant to demonstrate their ability to complete a task. The participant may direct the assessor to obtain information from friends/family who are aware of the participant's abilities. Information for the assessment **should not** be obtained from the PCA.

Independent	Participant is independent in completing the task safely.
Set-Up	Participant requires brief supervision, cueing, reminder and/or set-up assistance to perform the task.
Minimum	Participant is actively involved in the activity, requires some hands-on assistance for completion, thoroughness or safety. Needs verbal or physical assistance with 25% of the task.
Moderate	Participant requires extensive hands-on assistance, but is able to assist in the process. Needs verbal or physical assistance with 50% of the task.
Extensive	Participant requires verbal or physical assistance with 75% of the task.
Total Assistance	Participant cannot participate or assist in the activity, and requires 100% assistance with the task.
Not Applicable	This task does not apply to this participant.

During the assessment, the Medicaid Agency or its contracted agency will assess the assistance a participant requires to complete tasks. These tasks can be broken down into two areas:

- Personal Care tasks such as bathing, toileting, dressing, etc., and
- Non-Personal Care tasks such as housekeeping and meal preparation.

Participants are not assessed for general supervision, watching, or companionship as these services are not covered under IP Program.

The IP Budget Calculation

Overview

IP monthly budgets are based upon an assessment of participating applicant's need for hands on assistance or supervision in the following:

- ADLs (bathing, toileting, dressing, grooming, transfers, mobility, skin care, and eating)
- IADLs (communication, shopping, housework, and meal preparation)

The assessment of need rates the level of assistance required to complete each task, and the number of times the task is performed. If an applicant has a condition or characteristic in addition to their disability, it may require the need for more time to complete a task. These conditions or characteristics do not apply to all ADL/IADL tasks listed above. They only apply to the condition that would have a direct impact on the performance of the task. Those conditions may include: balance problems, behavioral issues, cognitive deficits, decreased endurance, fine motor deficits, hearing loss, limited range of motion, open wound, pain, seizures, shortness of breath, spasticity/muscle tone, use of oxygen, limited vision, and living alone.

The SA will take into consideration care being provided by a non-paid formal or informal caregiver. For example, if a spouse is cooking dinner for herself, and her spouse is a diabetic, the expectation would be the spouse would provide that meal for the consumer. Personal care provided multiple times per day must show documentation of need. For example, if a applicant/consumer is incontinent, she/he may require bathing or showering more than once a day, but if there is no medical need, a single shower or bath should suffice.

Determining Monthly Budget

Each ADL and IADL has an amount of time allowed to complete the task.

Unit Time

The unit time is the amount of time allowed to complete the task if the applicant/consumer is unable to participate and requires total assistance with the task.

The times, in minutes, are as follows:

Activity	Unit Time	Functional Time
Sponge Bath	20	35
Shower	20	30
Tub Bath	30	45
Dressing	15	20
Eating	20	40
Mobility	5	10
Urinary/Menses	10	15
Transfers	5	10
Grooming	5	8
Skin Care	5	10
Bowel	20	40
Meal Preparation	20	20
House Work	12.5	25
Communications	10	10
Shopping	45	45

Functional Time

The functional time is the amount of time allowed to complete the task if the applicant/consumer is unable to participate and requires total assistance with the task and certain conditions or characteristics are present. Those characteristics are listed in functional characteristic table below.

The functional characteristics for each ADL/IADL are as follows:

ADL/IADL	Functional Characteristics
Bowel	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Dressing	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Eating	Behavioral Issues, Fine Motor Deficit, Spasticity/Muscle Tone
Grooming	Cognitive, Limited ROM, Spasticity/Muscle Tone
Mobility	Balance Problems, Decreased Endurance, Pain, Spasticity/Muscle Tone
Shower	Balance Problems, Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Skin Care	Open Wound
Sponge Bath	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Transfers	Balance Problem, Limited ROM, Spasticity/Muscle Tone
Tub Bath	Balance Problem, Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Urinary/Menses	Behavioral Issues, Limited ROM, Spasticity/Muscle Tone
Communications	No Functional Characteristics
Housework	Participant Lives Alone
Meal Preparation	No Functional Characteristics
Shopping	No Functional Characteristics

Level of Assistance – ADL

An applicant/consumer's Level of Assistance need determines the amount of time allowed for hands on assistance or supervision for each task. Times allotted for each task are determined by multiplying the Unit Time (or Functional Time) by the Level of Assist Multiplier.

The ADL Multipliers are:

Level of Assistance	Sponge Bath	Shower	Tub Bath	Dressing	Eating	Mobility	Urinary Menses	Transfers	Grooming	Skin Care	Bow
Total Assist	1	1	1	1	1	1	1	1	1	1	1
Maximum Assist	.75	.75	.75	.75	.75	1	.75	1	.75	1	.75
Moderate Assist	.5	.5	.5	.5	.5	.75	.5	.75	.5	.75	.5
Minimum Assistance	.25	.25	.25	.25	.25	.75	.25	.75	.25	.25	.25
Set-Up Assistance	.15	.15	.15	.15	.15	.2	.15	.2	.15	.2	.15
Independent	0	0	0	0	0	0	0	0	0	0	0

Level of Assistance – IADL

The IADL Multipliers are:

Level of Assistance	Meal Preparation	Housework	Communications	Shopping
Total Assist	1	1	1	1
Maximum Assist	1	1	1	1
Moderate Assist	.75	.75	.75	1
Minimum Assistance	.5	.5	.5	1
Set-Up Assistance	.25	.25	.25	1
Independent	0	0	0	0

Examples

#1: Mrs. Montgomery requires an extensive level of assist in dressing and does not have any functional characteristics.

Time Allowed:

- 15 minutes x .75 (multiplier) = 11.25 minutes per occurrence
- 11.25 x 2 (per day) = 22.5 (minutes per day) x 7 (days per week) = 157.50 (minutes per week)
- 157.50 x 4.333 (weeks per month) = 682.44 (minutes per month) divided by 60 (minutes) = 11.37 hours per month are required for assistance in dressing.

#2: Mr. Oriol requires total assistance with eating and also has a functional characteristic.

Time Allowed:

- 40 minutes x 1 (multiplier) = 40 minutes per occurrence
- 40 x 3 (per day) = 120 (minutes per day) x 7 (day per week) = 840 (minutes per week)
- 840 x 4.333 (weeks per month) = 3639.72 (minutes per month) divided by 60 (minutes) = 60.66 hours per month are required for assistance in eating.

#3: Ms. Anchor requires set-up assistance with her shower and has no functional characteristics.

Time Allowed:

- $20 \text{ minutes} \times .15 \text{ (multiplier)} = 3 \text{ minutes per occurrence}$
- $3 \times 1 \text{ (per day)} = 3 \text{ (minutes per day)} \times 7 \text{ (days per week)} = 21 \text{ (minutes per week)}$
- $21 \times 4.333 \text{ (weeks per month)} = 90.99 \text{ (minutes per month)}$ divided by 60 (minutes) = 1.52 hours per month are required for assistance in showering.

Task times for all ADLs and IADLs are calculated in this manner. The monthly hours for each ADL/IADL are added together to form monthly budget hours. The IP Program is a self-directed program, as such, workers' compensation insurance and administrative costs do get deducted from the monthly budget hours. These amounts may change yearly depending on federal and state guidelines. Also note, a PCA cannot be paid for duties that require a professional license.

TWO IMPORTANT POINTS:

- Calculations are subject to change at the discretion of the State Medicaid agency.
- Hours per month calculated will be multiplied by the current, fixed rate for the PCA to allow for deduction of SA and FI Provider Monthly Fees and taxes. It is important to note that the net result must be returned to Total Hours in CDM for

transferring to MMIS. There are no other allowed expenses in the IP Budget. An IP Budget is not the same as a Personal Choice (PC) Budget.

Budget Fields in CDM

Service Type/Description: List all the services the consumer would like to receive from the PCAs that they will hire and supervise directly. Do not write in names, but rather use an identifier such as PCA#1, PCA#2, PCA#3

Goal #1 – List which goal these hires will achieve.

Hours Per Week – Indicate the number of hours per week the PCA(s) is expected to work.

Hourly Wage – This wage is fixed to the current wage established by the state for the IP PCA.

Total Taxes per Hour – Taxes are automatically calculated in the CDM.

Sum of Hourly Wages and Taxes – Add up the hourly wage and the hourly tax expense for each worker and enter the total where indicated.

Example:

Mr. Phillips must pay PCA#1 the current rate of \$13.78 per hour in wages, and the taxes for \$13.82 per hour are \$1.47 per hour, you would enter the amount of \$15.29.

Mr. Phillips must also pay PCA #2 this same rate. (This differs from PC where consumer determines the rate).

Number of Hours per Month – Take the number of hours each PCA will work every week and multiply that number by 4.33. This figure will equal the number of hours worked each month.

Total Monthly Cost – The total monthly cost will be automatically calculated.

Total Direct Hire Services – The sum of all workers' costs will be automatically calculated in the CDM.

Emergency Back-Up Plan for PCA care

The IP applicant/consumer must make a plan for how their personal care needs will be met in the event that one (or more) of their PCAs become unavailable. This can be done in several ways, such as using unpaid volunteers (i.e. family members, friends), paying existing PCAs to cover for each other, or hiring a Home Health Agency. The decisions made for the backup-plan by the applicant/consumer must be recorded and updated in CDM.

Back-Up Provider - Indicate who will provide care if a regularly scheduled PCA cannot work.

Paid Y/N - Indicate here if the back-up PCA(s) will be paid (**Y**es) or unpaid (**N**o) for the assistance they will provide.

Additional Cost per Month (if any) – The IP Program allows for no additional costs or increased hourly rates to be paid to a back-up PCA. This can occur in the PC Program but not in the IP Program, therefore, the CDM makes allowances for change in the hourly rate. The consumer cannot pay more for back-up hourly services. This entry, is therefore, not applicable for the IP Program.

If Unused, Funds to be Saved For – The IP Program applicant/consumer cannot save funds for other needs. The budget is solely hours based. This field should not be used.

Total Monthly Cost – The total monthly cost will be automatically calculated.

Total Monthly Cost for Emergency Back-Up – The total monthly cost for emergency back-up will not differ from total monthly costs above. This additional field is provided for the PC Program.

Service Type/Description – This field is provided for the PC Program. Note: Not valid in IP Program

Goal # - This field is provided for the PC Program. Note: Not valid in IP Program.

Provider Name – This field is provided for the PC Program. Note: Not valid in IP Program.

Frequency – This field is provided for the PC Program. Note: Not valid in IP Program.

Unit Cost – This field is provided for the PC Program. Note: Not valid in IP Program.

of Units per Month – This field is provided for the PC Program. Note: Not valid in IP Program.

Total Monthly Cost – This field is provided for the PC Program. Note: Not valid in IP Program.

Total Monthly Services Cost – This field is provided for the PC Program. Note: Not valid in IP Program.

Description of Item or Good – This field is provided for the PC Program. Note: Not valid in IP Program.

Financial Management Monthly Fee – Enter the amount the Fiscal Agent charges for their services every month.

Advisement Agency Monthly Fee – Enter the amount the Service Advisement Agency charges for the services they provide.

Workers' Compensation Fee – The Workers' Compensation Insurance premiums required for PCA(s) is an amount charged to each employer, regardless of the number of workers or payroll. This amount is entered under *Workers' Comp Fee*.

Budget Appeal Process

An opportunity for a hearing is granted to an applicant/consumer or her/his representative, when a person is aggrieved by an agency action resulting in suspension, reduction, discontinuance, termination of a person's service or budgeted hours or a requested adjustment to the budgeted hours is denied.

A Notice of Agency Action will be forwarded to the applicant/consumer or her/his representative. The notice will indicate the effective date of the action, the reason for the action, and notify the applicant/consumer or her/his representative of her/his rights to appeal. A sample appeal request form can be found in the appendices.

Payments to the PCA

The FI pays the PCA, on behalf of the consumer, based on the timesheets approved by the consumer, EVV records and the SA's case records.

PCAs report the:

- ✓ Specific dates worked
- ✓ Exact start time each day
- ✓ Exact stop/end time each day
- ✓ Total number of hours worked during the service period

The Service Period

A service period is a specific block of time the PCA is authorized to work. The PCA cannot work more than 40 hours a week in the program for the same consumer. A service period equals 14 days (every two weeks). Each week starts at midnight Sunday and ends at 11:59 p.m. Saturday.

Payroll payments

The FI provides the PCA with a payroll calendar that shows pay dates and when timesheets are due. The PCA must correctly complete the timesheet and the consumer must review and sign the document. The timesheet will be returned to the PCA for repair if it has missing or incorrect information. This may delay payments to the PCA.

Mileage payments

If the FI and SA approves the PCA to provide transportation, the PCA can transport the consumer to activities that fall within the scope of services, such

as taking the consumer to the grocery store, but general trips cannot receive mileage reimbursement. The FI approves the PCA based on a license, registration and insurance verification. The SA approves based on the consumer's need within the ISP.

The only mileage that is reimbursable is for the transport of the consumer to non-emergency medical appointments. Once approved to be a driver by the FI and SA, it is up to the PCA to register with MTM as a provider driver. Instructions for reimbursement, in the form of an MTM debit card, are found in the appendices of this publication and IP PCA handbook. The PCA must call MTM initially to setup in the program.

The PCA cannot take the consumer out to the casino, liquor store, etc., just to primary need places. MTM closely monitors the mileage from home to the doctor's location. No additional travel claims can be submitted. Unrecognized mileage claims will be investigated by MTM.

Time that is not claimable

- ✓ When the consumer is out of the State of Rhode Island
- ✓ When the consumer is out of the country
- ✓ When the consumer is in the emergency room
- ✓ When the consumer is admitted to the hospital
- ✓ When the consumer is admitted to a nursing home

- ✓ When the consumer is admitted to any medical facility
- ✓ When the consumer is at an adult day care center
- ✓ When the consumer is receiving therapies or other insurance covered services

Note:

It is considered Medicaid fraud and a crime if the PCA submits a timesheet for time not worked. This should be re-enforced with the PCA and consumer by the agencies to supplement the training and documentation provided both parties. If the agency discovers the possibility of fraud, it is to be reported immediately.

Involuntary/Voluntary Disenrollment and Appeals in the IP Program

Involuntary Disenrollment

The SA, with confirmation from EOHHS, can remove a consumer from the IP program if either the consumer or the representative does not comply with rules of the program. The SA must notify the consumer/representative in writing stating that the SA intends on removing the consumer from the IP Program, the reason for disenrollment, and inform the consumer of other options for receiving Long Term Care services.

Involuntary disenrollment may occur when:

- There is loss of Medicaid financial eligibility
- There is loss of level of care eligibility
- There is an inability to self-direct
- The representative is not acting in the best interest of the consumer, can no longer assist the consumer, and no replacement is available
- The representative can no longer assist the consumer and no replacement for the representative is available
- The consumer or the representative fails to comply with legal/financial obligations as an employer of domestic workers and/or is unwilling to participate in training to remedy the non-compliance

- The consumer or the representative is unable to manage the hours to be serviced. This would be shown by repeatedly submitting timesheets for unauthorized amount of care; not using the hours in the plan of care, which results in inadequate services; and/or continuing attempts to add more hours than are in the plan of care
- The health and well-being of the consumer is not being maintained which is shown by consumer/representative actions and/or inaction to maintain health and well-being
- The consumer or representative fails to maintain a safe working environment for the PCA
- EOHHS receives substantiated complaints of self-neglect, neglect, or other abuse on either the part of the consumer or representative
- The consumer or representative refuses to cooperate with minimum program oversight activities, even when staff has made efforts to accommodate the consumer/representative
- The consumer or representative fails to pay the amount determined in the post eligibility treatment of income, commonly referred to as the *client share*, as described in the Rhode Island Code of Regulations, *Post-Eligibility Treatment of Income* to the FI
- There is evidence that Medicaid funds were used improperly/illegally in accordance to local, state or federal regulations

- The SA determines they are unable to provide proper service to the consumer. Improper service is defined as the agency not being able to meet repeated requests for services, being unable to satisfy the needs of the consumer, and/or provide a quality working relationship
- The consumer/representative fails to notify both the SA and the FI of any change of address and/or telephone number within ten (10) days of the change occurring

Disenrollment Appeal

- The SA and FI will inform the consumer/representative in writing of an involuntary disenrollment with the reason and will provide the consumer with a Medicaid appeal procedure and request forms.
- The SA and FI will inform the consumer/representative of changes to the plan at which the consumer/representative can appeal that change.

Voluntary disenrollment

- The consumer/representative may request to leave the IP Program with a thirty (30) day written notice to the SA and FI.

Abuse of Any Kind

The SA, FI, Consumer, Representative and PCA should all be aware of the possibilities of abuse and be ready to report it. Abuse is difficult to talk about for all and it can be difficult to identify.

All parties are consistently reminded about the types of abuse:

- **Physical Abuse** – Includes hitting, slapping, pinching, kicking and other forms of rough treatment.
- **Verbal Abuse** – Includes any use of spoken or written words or gestures that are meant to insult or attack anyone.
- **Psychological Abuse** – Includes actions or statements that are meant to humiliate or threaten anyone.
- **Sexual Abuse** – Includes sexual annoyance, touching, fondling, and/or attack by anyone.
- **Neglect** – Any form of neglect by anyone in the home must be reported.

The Consumer and PCA are reminded to act:

- In the IP Program, part of that action is to report concerns to the SA or FI. The providers must be ready for that reporting
- In the IP Program, the SA may be contacted regarding the changing of the consumer's health, safety or service needs
- In Rhode Island, all individuals are required to report concerns regarding any form of abuse of others. Homecare workers are formally trained to be mandatory reporters, which means they are legally required to report abuse or suspected abuse 24 hours per day, 7 days per week.

Emergency phone numbers:

- For elder abuse or self-neglect (60 years of age & over), please call the Office of Healthy Aging, Protective Services Unit 401-462-0555.
- For adult abuse or self-neglect (under 60 years of age), please call 401-462-2629.
- For fraud, waste, program abuse, please call the Executive Office of Health & Human Services, Office of Program Integrity 401-462-6503.

Medicaid Fraud ****

Medicaid Fraud is defined as making a false statement, representation of material fact, submitting a claim or causing a submission to obtain some benefit or payment involving Medicaid money for which no entitlement would otherwise exist. This can be done for the benefit of oneself or another party and includes obtaining something of value through misrepresentation, concealment, omission or willful blindness of a material fact.

Note:

In these cases of abuse of any kind or the possibilities of fraud, immediate communication is key and is the responsibility of providers upon knowledge of a situation.

Appendix A - Definitions

Activities of daily living skills (ADLs) means everyday routines generally involving functional mobility and personal care, including but not limited to, bathing, dressing, eating, toileting, mobility and transfer.

Applicant means new applicants to be determined for Medicaid eligibility.

Assessment is a meeting between the consumer, and/or their representative, and the Service Advisor. The assessment evaluates Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) to determine consumer needs. Assessments also help to identify services, equipment, home modifications and other services in the community that may help the consumer to increase their independence within the community. Assessments occur at the beginning of the program and quarterly thereafter while the consumer is enrolled in the Independent Provider Program. Either the consumer or representative may request an assessment sooner if their situation has changed and there is either an increased or decreased need for assistance. The Service Advisor may also perform an assessment sooner for any life changes where there could be a possible increase or decrease in needs assistance.

Case management services means the coordination of a plan of care and services provided at home to individuals with disabilities who are over the age of eighteen (18) or elders aged sixty-five (65) or over who meet either a high or highest level of care. Such programs shall be provided in the person's home or in the home of a responsible relative or other responsible adult, but not provided in a skilled nursing facility and/or an intermediate care facility.

Consumer means the individual, also referred to as the beneficiary, client or participant, who utilizes services in any of the self-directed models.

Consumer Direction is an approach where participants manage their own personal care services. Consumers assess needs, decide how their needs are to be met, and monitor the quality of the services they receive.

Critical incident means any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well-being of a consumer.

Electronic Visit Verification (EVV) is a method used to verify that home healthcare visits are occurring by collecting data electronically about the visit.

Environmental modifications are defined as those physical adaptations to the home of the consumer or the consumer's family as required by the consumer's service plan, that are necessary to ensure the health, welfare and safety of the participant or that enable the participant to attain or retain capability for independence or self-care in the home and to avoid institutionalization, and are not covered or available under any other funding source. A completed home assessment by a specially trained and certified rehabilitation professional is also required. Such adaptations may include the installation of modular ramps, grab-bars, vertical platform lifts and interior stair lifts. Excluded are those adaptations that are of general utility and are not of direct medical or remedial benefit to the participant. Excluded are any re-modeling, construction, or structural changes to the home, i.e. (changes in load bearing walls or structures) that would require a structural engineer, architect and /or certification by a building inspector.

- a. Adaptations that add to the total square footage of the home are excluded from this benefit. All adaptations shall be provided in accordance with applicable State or local building codes, and prior approval on an individual basis by EOHHS, Office of Durable Medical Equipment, is required.
- b. Items should be of a nature that they are transferable if a consumer moves from her/his place of residence.

Fiscal intermediary services (FI) for the Independent Provider Program means services that are designed to assist consumers in utilizing hours as outlined in the Individual Service Plan and to facilitate employment of personal assistance staff by the participant. The FI also functions as the agency to assist in the management of financial and employer responsibilities.

Home delivered meals means the delivery of hot meals and shelf staples to the participant's residence. Meals are available to individuals unable to care for their nutritional needs because of a functional dependency/ disability and who require this assistance to live in the community. Meals provided under this service will not constitute a full daily nutritional requirement. Meals must provide a minimum of one third of the current recommended dietary allowance. Provision of home delivered meals will result in less assistance being authorized for meal preparation for individual participants, if applicable.

Home Modifications are equipment and/or adaptations to a consumer's residence to enable the consumer to remain in her/his home or place of residence, and ensure safety, security, and accessibility.

Individual service plan (ISP) means a plan that provides details of supports, activities, and resources required for the consumer to achieve personal goals. The ISP is developed to articulate decisions and agreements made during a person-centered process of planning and informational gathering.

Instrumental activities of daily living (IADL) means activities related to living independently in the community, including but not limited to, meal planning and preparation, managing finances, shopping for food, clothing, and other essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.

Mandatory Orientations means training required by EOHHS for all PCAs participating in the Independent

Provider Program. Mandatory Orientations include program overview and structure, policy and procedure explanation, review of ethics, accountability, HIPAA and Electronic Visit Verification (EVV), coverage of abuse and neglect, IP PCA scope of work and excluded duties, infection control and safety.

Medical necessity or Medically necessary services means medical, surgical, or other services required for the prevention, diagnosis, cure or treatment of a health-related condition including services necessary to prevent a detrimental change in either medical or mental health status.

Minor environmental modifications mean minor modifications to the home that may include grab bars, versa frame (toilet safety frame), handheld shower and/or diverter valve, raised toilet seats and other simple devices or appliances such as eating utensils, transfer bath bench, shower chair, aides for personal care and standing poles to improve home accessibility adaptation, health or safety.

Nonmedical means not involving, relating to, used in, or concerned with medical care or the field of medicine.

Participant directed goods and services means services, equipment or supplies not otherwise provided through Medicare or Medicaid, that address an identified need and are in the approved Individual Service Plan (including improving and maintaining the individual's opportunities for full membership in the community) and meet the following requirements: the item or service would decrease the need for other Medicaid services; AND/OR promote inclusion in the community; AND/OR the item or service would increase the individual's ability to perform ADLs or IADLs; AND/OR increase the person's safety in the home environment; AND, alternative funding sources are not available. Individual Goods and Services are purchased from the individual's self-directed budget through the fiscal intermediary when approved as part of the ISP. Examples include a laundry service for a person unable to launder and fold clothes or a microwave for a person

unable to use a stove due to her/his disability. This will not include any good/service that would be restrictive to the individual or strictly experimental in nature.

Personal Care Aide (PCA) is a person who provides personal care services to the Independent Provider Consumer. Certain people are not allowed to be the Personal Care Aide including the following; a spouse, legal guardians, financial power of attorneys, and individuals with certain criminal convictions.

Personal Care Aide (PCA) Services mean the provision of direct support services provided in the home or community to individuals in performing tasks they are functionally unable to complete independently due to disability, based on the Individual Service Plan. Personal Care Aides (PCAs) Services may include but are not limited to:

- a. Participant assistance with activities of daily living, such as grooming, personal hygiene, toileting, bathing, and dressing.
- b. Assistance with monitoring physical condition.
- c. Assistance with preparation and eating of meals (not the cost of the meals itself).
- d. Assistance with housekeeping activities (bed making, dusting, vacuuming, laundry, grocery shopping, cleaning).
- e. Assistance with transferring, ambulation; use of special mobility devices; assisting the participant by directly providing or arranging transportation (If providing transportation in the Independent Provider Program, the PCA must have a valid driver's license and liability coverage as verified by the FI.)

Personal emergency response (PERS) means an electronic device that enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person's phone and

programmed to signal a response center once a “help” button is activated. This service includes coverage for installation and a monthly service fee. Providers are responsible to insure the upkeep and maintenance of the devices/systems.

Registry means the official list, maintained by EOHHS or its designee, of qualified Personal Care Aide(s) (PCAs) who are available to provide services. Consumers may utilize the registry when hiring PCAs through the Independent Provider Program.

Representative is a person designated by the Independent Provider Consumer to assist him/her in managing some or all the requirements of the program. A Representative cannot be paid to provide this assistance. The representative also cannot be paid to provide direct care or hands on care.

Self-directed means a consumer-controlled method of selecting and providing services and supports that allows the individual maximum control of the home and community-based aid services and supports, with the individual acting as the employer of record with necessary supports to perform that function, or the individual having a significant and meaningful role in the management of a provider of service when the agency-provider model is utilized. Individuals exercise as much control as desired to select, train, supervise, schedule, determine duties, and dismiss the aid care provider.

Service Advisory Agency (SA) means an agency that will assess service needs, assist with planning what services are needed and how to receive them, be an additional resource to the consumer, representative, and/or family to promote safety and quality of care

Service advisement team means a team, consisting of the Service Advisor, a Nurse and a Mobility Specialist, that will focus on empowering participants to define and direct their own personal assistance needs and services. The Service Advisor guides and supports, rather than directs and manages the participant through the service planning and delivery

process. A portion of the participant's monthly budget is set aside to pay the agency for the services it provides.

Special medical equipment or **Minor assistive devices** means the following:

- a. Devices, controls, or appliances, specified in the plan of care, which enable participants to increase their ability to perform activities of daily living;
- b. Devices, controls, or appliances that enable the participant to perceive, control, or communicate with the environment in which they live; including such other durable and non-durable medical equipment not available through the participant's medical insurance that is necessary to address participant functional limitations.

Supports for consumer direction or **Supports facilitation** means empowering participants to define and direct their own personal assistance needs and services, guides and supports, rather than directs and manages, the participant through the service planning and delivery process.

Taxes are the fees deducted from the consumer's monthly budget that are required to be paid on behalf of employees (PCAs):

- **FICA (Federal Insurance Contributions Act):** Finances care for the aging, disabled, and survivors. Including funding for Medicare for people who cannot afford medical insurance.
- **FUTA (Federal Unemployment Tax Act):** Finances employment programs at the federal level.
- **SUTA (State Unemployment Tax Act):** Finances employment programs at the state level.
- **RITDI (Rhode Island Temporary Disability Insurance):** Provides income to employees who

cannot work for a period of time due to illness or injury.

Workers' Compensation Insurance are funds that provide for monetary awards paid to individuals who are injured, disabled or killed on the job. Workers' Compensation Insurance is a cost of employment paid by the participant from her/his monthly budget.

Independent Provider Program Required National Criminal Background Checks

The following crimes, upon conviction, can disqualify a potential Personal Care Aide (PCA) from employment:

- murder,
- voluntary manslaughter,
- involuntary manslaughter,
- first-degree sexual assault,
- second-degree sexual assault,
- third-degree sexual assault,
- assault on persons sixty (60) years of age or older,
- assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crime against nature),
- felony assault,
- patient abuse,
- neglect or mistreatment of patients,
- burglary, first-degree arson, robbery,
- felony drug offenses, felony larceny, or felony banking law violations,
- felony obtaining money under false pretenses,
- felony embezzlement,
- abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders, or
- a crime under section 1128(a) of the Social Security Act (42 U.S.C. § 1320a-7(a))

When no disqualifying information is found, the BCI Unit will inform the potential PCA and the Fiscal Intermediary (FI) of this fact.

When there is an incomplete national criminal background check (NCBC, aka NBCI) result returned, the BCI Unit will inform the potential PCA, in writing, without disclosing the

nature of the incomplete result when a charge or charges appear on the record without a disposition. In addition, the BCI Unit will inform the FI, in writing, that an incomplete NCBC result was returned, without disclosing the nature of charge or charges that appear on the record without disposition.

When disqualifying information is discovered in a potential PCA's NCBC, the BCI Unit will inform the potential PCA, in writing, without disclosing the nature of the disqualifying information, that there is disqualifying information in their NCBC.

A potential PCA with disqualifying or incomplete information in their NCBC may request a copy of the full NCBC report from the BCI Unit at the Rhode Island Office of the Attorney General.

To obtain a copy of the NCBC, the prospective PCA must directly contact the Bureau of Criminal Identification of the Office of the Attorney General, at 4 Howard Ave, Cranston, to obtain a copy of the NCBC record containing disqualifying information or an incomplete record that may contain possibly disqualifying information.

The consumer must make a judgment regarding the employment of the potential PCA if such disqualifying information in the NCBC does not fall under a Category I offense.

Any conviction for an offense listed under Category I disqualifies an individual from serving in a caring capacity as a PCA in this Program.

Category I offenses are convictions for:

- murder, voluntary manslaughter, involuntary manslaughter;
- first-degree sexual assault;
- second-degree sexual assault;
- assault on persons sixty (60) years of age or older;

- assault with intent to commit specified felonies (murder, robbery, rape, burglary, or the abominable and detestable crimes against nature);
- first-degree arson;
- crimes under section 1128(a) of the Social Security Act 42 USC § 1320a-7(a);
- criminal offense related to person's involvement in any program under Medicare and Medicaid;
- abuse, neglect and/or exploitation of adults with severe impairments, exploitation of elders;
- felony domestic violence committed less than five (5) years ago;
- car-jacking;
- felony assault committed less than five (5) years ago; and/or
- felony battery committed less than five (5) years ago.

Category I offenses cannot be waived by the consumer.

Category II offenses are convictions for:

1. Transportation for indecent purposes;
2. Felony assault committed over five (5) years ago;
3. Felony battery committed over five (5) years ago;
4. Felony drug offense committed less than five (5) years ago;
5. Robbery;
6. Breaking & entering;
7. Burglary;
8. Illegal possession of a firearm;
9. Misdemeanor domestic assault;
10. Third-degree sexual assault;
11. Circulation of obscene publications & shows;
12. First or second-degree arson; and/or
13. Prior employment history of child or client abuse, neglect or mistreatment.

If the consumer chooses to employ a potential PCA who is found to have disqualifying information, listed in **Category II** offenses, the consumer shall document in writing to the FI, that

they have considered all of the following factors:

- The circumstances, severity and duration of the crime;
- Whether the victim of the crime was elder adult or an individual with a developmental or other disability;
- length of time that has elapsed since the commission of the crime for which the individual was convicted;
- length of time that has elapsed since the completion of any imposed sentence;
- length of time with no further convictions of crimes;
- the individual's conduct in seeking and actively engaging in rehabilitation;
- the individual's ability to explain their remorse for the crime and/or efforts to prevent commission of such a crime in the future;
- the extent to which the crime bears a direct impact on performing the job for which the individual is applying;
- any expert opinions of health care providers and clinicians who have worked with the individual if the individual chooses to share such confidential information; and
- any work history, education and job training before and after the commission of the crime.

Independent Provider Program

How the Prospective PCA gets the National Criminal Background Check

R.I. General Laws § 40-8.14-4(c)(5) requires perspective independent provider personal care aides (PCAs) to undergo a national criminal background check (NCBC).

If you would like to provide services to a consumer in the Independent Provider Program, you must undergo a NCBC.

To obtain a NCBC:

Please bring this to the
Bureau of Criminal
Identification of the

Office of the Attorney
General, RI Office of
Attorney General,
4 Howard Avenue, Cranston,
RI (BCI Unit).

Please note that during the COVID Pandemic, when you go to the AG's Office in Cranston, you must call from the parking lot. They will allow you in when there is space in the lobby to keep all safe. There is no need for an appointment, but you must call from the parking lot at 401-274-4400 and state you are a health care worker coming for the NCBC. Hours are M-F 8:30 am to 4:00 pm for the screening.

The **cost** for a NCBC is **\$35.00**.

During the COVID Pandemic, only debit or credit cards are accepted. No cash checks or money orders can be brought to the window.

Forms of payment include check, money order, or credit cards (**cash not accepted**). Please make any check payable to "BCI".

Please note: a processing fee of two (2) percent plus fifty (50) cents will be charged per credit card transaction, therefore, the additional processing fee when using a credit card is \$1.20 in addition to the \$35 cost for a NCBC.

Please bring a valid form of identification:

- Valid state issued driver's license
- Valid state issued identification card
- Valid United States passport

How long will it take to process a NCBC?

The NCBC should be processed on the same day. If you have a number of disqualifying factors, this may delay the processing of the NCBC.

NOTE: Be sure to write your email address on the fingerprint form so you can get the results.

Appendix C – Training Paths at the Design Level

The Provider's Point of View

Training & Certification Requirements for Independent Provider Personal Care Aide (IP PCA)

In order to be a **PROVISIONALLY CERTIFIED** IP PCA, an Applicant must:

- Complete a national BCI
- Attend a Mandatory Orientation session (below)
- Be hired by an eligible Consumer

	Mandatory Orientation (6 hrs)
Current CNA	Yes
Experienced PCA	Yes
Family/friends	Yes
All others	Yes

Training Content

- Program overview
- Policies and procedures
- Responsibilities of the IP PCA
- Structure of the program, i.e. role of FI/SA
- Required training, National BCI, and other requirements
- Ethical responsibilities, accountability, HIPAA, EW
- Abuse and neglect
- IP PCA scope of work and excluded duties
- Infection control and safety

In order to be a **FULLY CERTIFIED** IP PCA, a provisionally certified IP PCA must, within 90 days:

- Obtain AHA CPR/First Aid certification
- Complete IADL and ADL training (Path A or Path B), unless exempt as described below
- Demonstrate required knowledge and competencies as required by Training Provider or Consumer
- NOTE: IP PCA Applicants who are trained only by the Consumer may not be listed on the IP PCA Registry.

	CPR/First Aid (5 hours)
exempt	Yes
Yes	Yes
Yes	Yes

Training Content

- Duties and responsibilities of first aid rescuers
- First aid actions for medical emergencies, including severe choking, heart attack, and stroke
- Skills for handling injury and environmental emergencies, including external bleeding, broken bones and sprains, and bites and stings

	Path A - IP PCA trained by Consumer
IADLs and ADLs	Yes
Yes	Yes
Yes	Yes
Yes	Yes

An IP PCA who completes Path A may NOT be listed on the Registry and is certified to work only for a specific Consumer.

	Path B - IP PCA referred to training by Consumer OR IP PCA who wants to be listed on the Registry
13 Hour ADL/IADL Training Class	exempt
Yes	Yes
Yes	Yes
Yes	Yes

An IP PCA who completes Path B MAY be listed on the Registry.

Basic Training/IADL

- Cooking, cleaning, shopping, laundry, ironing, bed-making
- Basic human needs

Extended Training/ADL

- Personal Care Skills (feeding, bathing, transferring, toileting)
- Basic Nutrition
- Basic Restorative Services

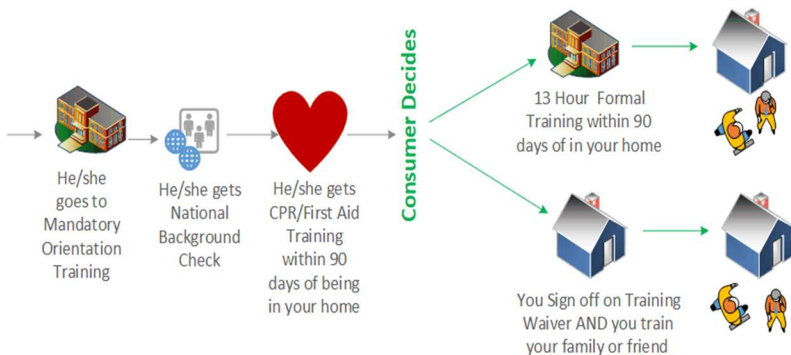
Appendix C – Training Options for the PCA #1

Consumer's Point of View

Consumer Options for PCAs

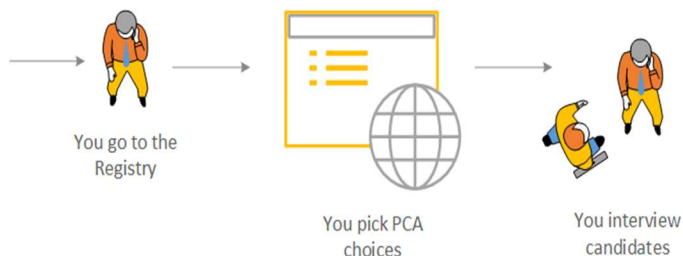
#1

You have a Friend or Family Member interested in being your PCA



#2

You do not have a PCA in mind

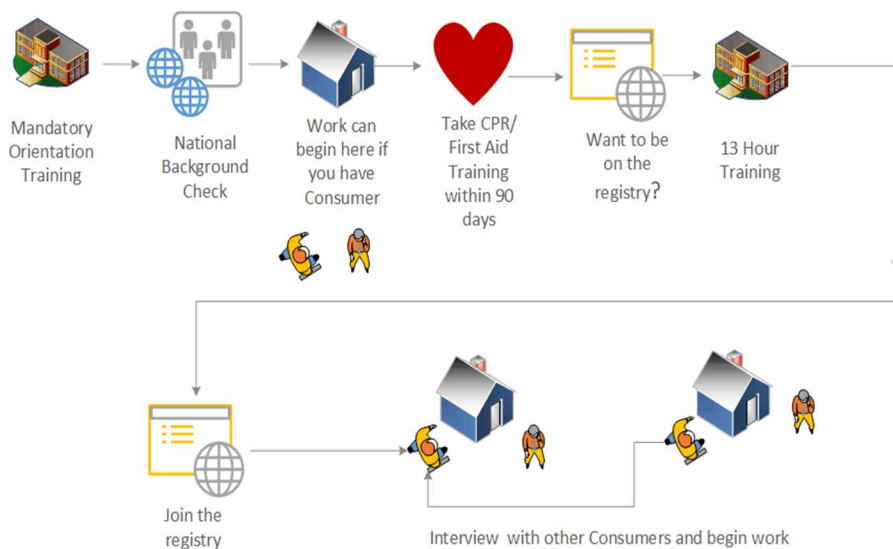


Appendix C – Training Options for the PCA #2

PCA's Point of View

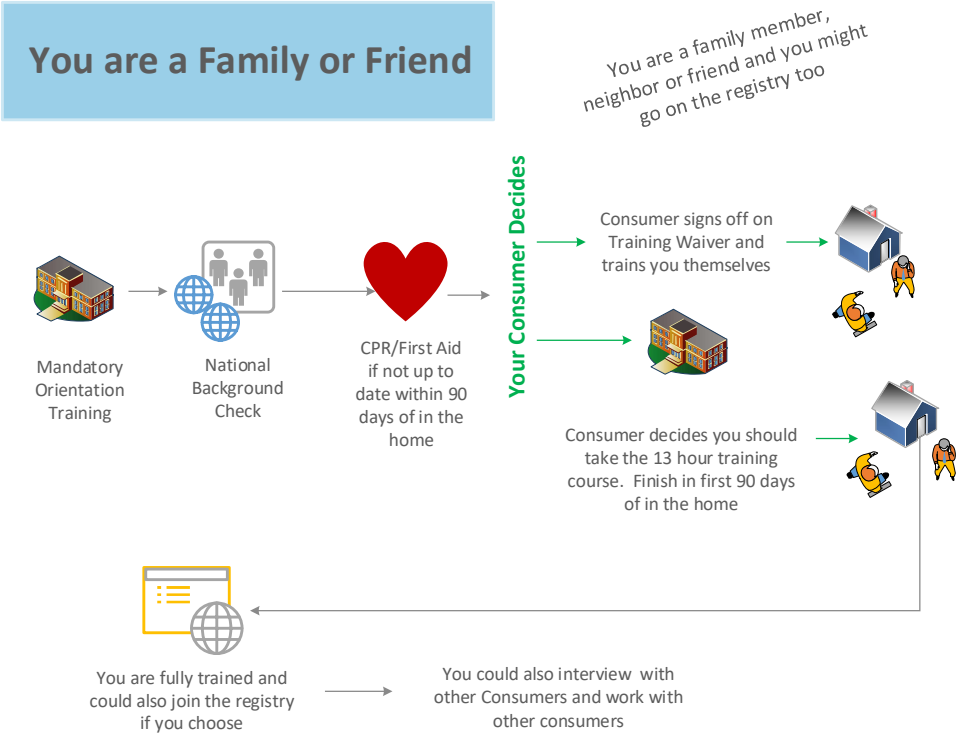
You are an Experienced PCA

You know of a consumer and/or want to be on the Registry to find consumer(s)



Appendix C – Training Options for the PCA #3

PCA's Point of View

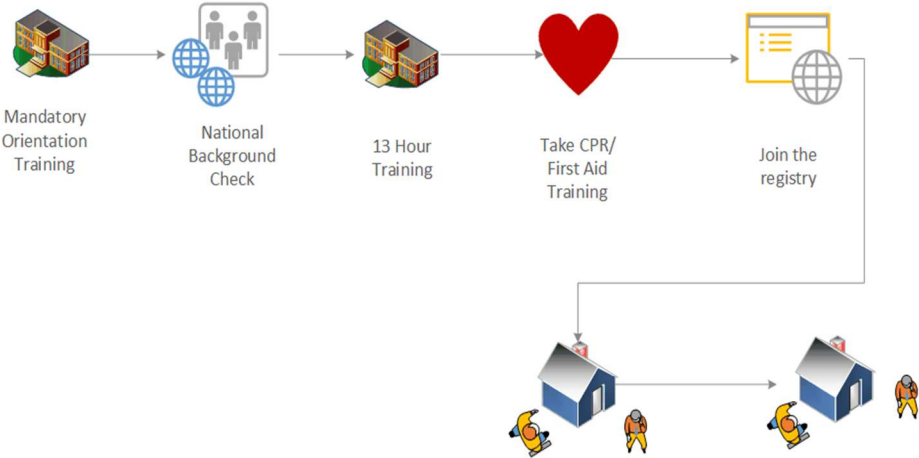


Appendix C – Training Options for the PCA #4

PCA's Point of View

All others

You are interested in the IP program and you are not a friend, neighbor, relative, CNA or PCA

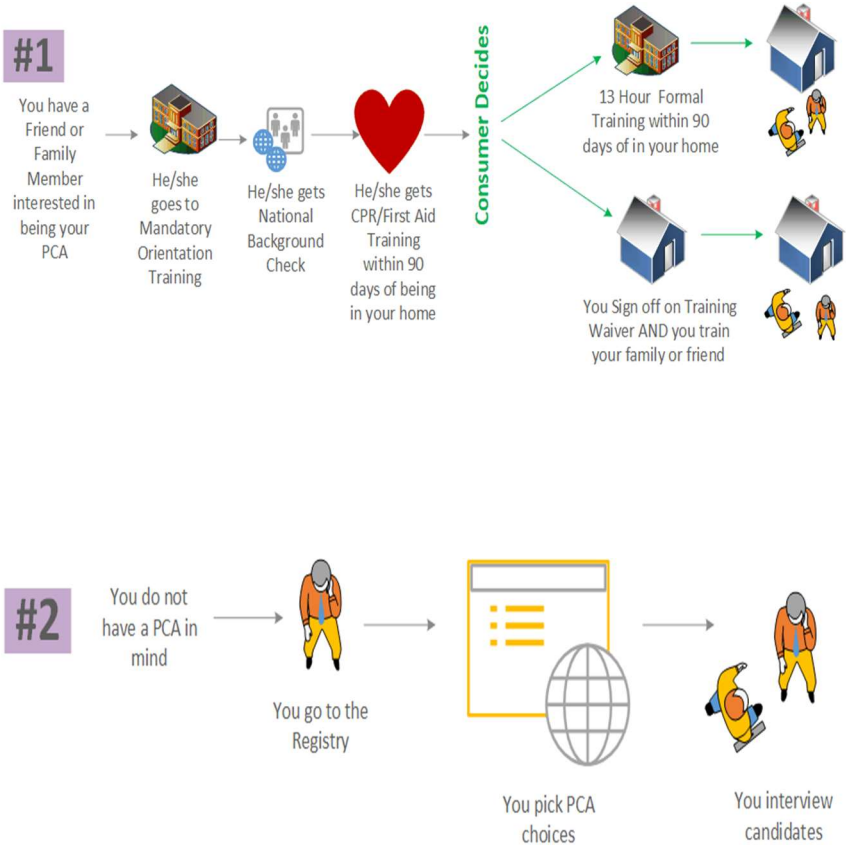


Interview with other Consumers and begin work

Appendix C – Training Options for the PCA

Consumer's Point of View

Consumer Options for PCAs



Appendix D – Overall Scope of Services

The Provider's Point of View

IP PCA	Personal Choice PCA	I/DD DSP	CNA (NA)
<ul style="list-style-type: none"> ✓ ADLs ✓ IADLs 	<ul style="list-style-type: none"> ✓ ADLs ✓ IADLs + Directed goods & services + Provide home modifications + Home delivered meals + Assist with personal emergency response systems + Assist with special medical equipment 	<ul style="list-style-type: none"> ✓ ADLs ✓ IADLs + Community based supports + Assistance with procuring and maintaining employment + Support Facilitation/Support Brokerage + Transportation + Utilize funding for goods and/or services (i.e. communication devices; licensed therapies; and other approved goods) 	<ul style="list-style-type: none"> ✓ ADLs ✓ IADLs + Complicated feeding + Nail cutting for non-diabetics + Sitz bath for comfort/measure & pain relief only + Application of topical OTC drugs + Reinforce simple non-sterile dressings + Post-mortem care + Specimen collection + Apply condom catheter + Report & record weight & height; take vital signs + Rehabilitation skills
ADLs	Aid in Bathing: personal hygiene & grooming, foot care, foot soak, applying foot lotion, shampoo hair, comb/brush, shaving; Aid in Dressing: dressing & undressing; apply lamb's wool & elastic stockings; Aid in Transferring: movement & mobility – moving from bed to chair; Aid in Toileting: continence-related tasks including control & hygiene; Aid in Eating: preparing food & feeding; Aid in walking/climbing stairs; Aid in applying dry heat & cold packs to intact skin; Empty catheter bag, commode, urinal; and Assist with bowel/bladder retraining		
IADLs	Aid in grocery shopping; Aid in cooking; Assistance with using the phone & looking up phone numbers; Assist in housework: cleaning, dusting, vacuuming, laundry, Assistance in using public transportation; Assistance paying bills/managing finances; and Remind patients to take medication		

Appendix E – Activities of Daily Living (ADLs) Allowed Services Under IP:

PCA and Consumer's Point of View

Aid in Bathing: personal hygiene & grooming, foot care, foot soak, applying foot lotion, shampoo hair, comb/brush, shaving.

Aid in Dressing: dressing & undressing; apply lamb's wool & elastic stockings.

Aid in Transferring: movement & mobility – moving from bed to chair.

Aid in Toileting: continence-related tasks including control & hygiene.

Aid in Eating: preparing food & feeding.

Aid in walking/climbing stairs.

Aid in applying dry heat & cold packs to intact skin.

Empty catheter bag, commode, urinal; and

Assist with bowel/bladder retraining

Appendix F – Instrumental Activities of Daily Living (IADLs) Allowed Services Under IP:

PCA and Consumer's Point of View

Aid in grocery shopping;

Aid in cooking;

Assistance with using the phone &
looking up phone numbers;

Assist in housework: cleaning, dusting,
vacuuming, laundry;

Assistance in using public transportation;

Assistance paying bills/managing finances;
and reminding consumer to take
medication.

Appendix G – Activities of Daily Living (ADLs) Services Not Allowed Services Under IP:

PCA and Consumer's Point of View

Sterile dressing application;

Wound care;

Broken Skin Care (i.e. Any treatment to non-intact skin;

Gastric lavage or gavage (including any tube feeding);

Injections;

Vaginal Irrigations;

Cutting toenails or fingernails for diabetics;

Cutting toenails;

Giving advice on medical/nursing matters;

Changing Foley catheter;

Tracheostomy tube care;

Oxygen application;

Medication distribution and/or organization;

Total consumer lift and/or transfer;

Mechanically assisted equipment usage;

Recording of urine output with exception of none and/or changes in urine color.

Appendix H – Instrumental Activities of Daily Living (ADLs) Services Not Allowed Services Under IP:

PCA and Consumer's Point of View

Transportation for
Emergency Medical needs;

Transportation to
non-daily-essential
activities
(i.e. casino, liquor store, etc.)

Appendix I – Registry, PCA descriptions

PCA Code	City or Town of Residence	Gender	Age Range 18-25, 26-40, 41-59, 60+	Do you drive?	Distance willing to travel in miles	Languages spoken	Is a CNA? Yes or No	Experience in care giving
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Number of Hours available to provide PCA care	Days of the week available	Times of day available on which days	Are you available for Emergencies? Yes or No	Must you work in a smoke free environment? Yes or No	List pets you are allergic to, if any	Any other allergies that would affect PCA work?	Short Statement
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Appendix J – Registry on FI Website

PCA Code	City or Town of Residence	Gender	Age Range 18-25, 26-40, 41-59, 60+	Do you drive?	Distance willing to travel in miles	Languages spoken	Is a CNA? Yes or No	Experience in care giving	Number of Hours available to provide PCA care	Days of the week available	Times of day available on which days	Are you available for Emergencies? Yes or No	Must you work in a smoke free environment? Yes or No	List pets you are allergic to, if any	Any other allergies that would affect PCA work?	Short Statement
A242	East Providence	Female	18-25	Y	25	English, Portuguese	Yes	worked 2 years as a Cna	10	M, W, F	2-5pm	No	No	Cat	latex	I have taken all of the training required for the PCA position and I am so interested in the concept of self-direction
B52	Wanwick	Male	60+	N	60	English, German, French, Italian	No	none	40	M,T,W,TH, F,ST,SD	anytime	Yes	Yes	None	none	I like people and I grew up always having a grandparent around. I think I would be a great assistant for you.
A756	Block Island	Female	26-40	Y	10	English	No	have taken care of my mother	40	M,T,W,TH, F,ST,SD	Mornings	Yes	No	Birds	wool	I like to take long walks on the beach on Block Island. I have noticed there are fewer young people in the winter these days here on the island. I think I can be helpful for those that need care and have no one to help them.

Appendix K – MTM Reimbursement Form

To setup a re-imbursement for mileage when a PCA is driving her/his car to bring her/his consumer to non-emergency medical appointments only, she/he can register with MTM for a debit card for mileage re-imbursement. To do so,

She/he would go to

<https://www.mtm-inc.net/rhode-island/recipients/>
for more information.


She/he would need to register with MTM to start the process. She/he would begin by calling:

1-888-513-0703

Once registered she/he will use the MTM Reimbursement Trip Log. An example of the log form follows.

She/he should call MTM with any questions on the submission of mileage and the re-imbursement process.

Appendix K – MTM Reimbursement Form (continued)

		<h3>Reimbursement Trip Log</h3>	
<p>Instructions:</p> <ul style="list-style-type: none"> You must call MTM on or before the day of your medical appointment. The number to call can be found on the back of your card or by calling member services. You will receive a trip number during this call. You will need to write the number down on this Trip Log. To be reimbursed, you must submit a Trip Log for all trip requests. Submit Trip Logs no more than 80 days past the date of the first appointment. Any healthcare professional at the facility can sign the Trip Log. <i>This includes nurses, therapists, physician assistants, or nurse practitioners.</i> It doesn't have to be the doctor. We suggest you make copies of your blank Reimbursement Trip Log. If you need a new copy of this form, you may call and request one be mailed to you, or you may download this form at www.mtm-inc.net. A one-way trip is from your home to the appointment. A round trip is from your home to the appointment and then back home. For trips with more stops, such as an extra trip from the first appointment to a second appointment before going back home, please enter each trip leg on a separate line, for example: <ul style="list-style-type: none"> 1st leg- home to first doctor 2nd leg- first doctor to second doctor 3rd leg- second doctor to home If you don't have a Trip Log, ask your healthcare provider for a note on their facility letterhead. The note should state that you were seen and the date of the appointment. Once you have a new trip log, attach the note from your healthcare provider in place of a signature. Incomplete forms cannot be processed. It is your responsibility to complete this form correctly. Keep a copy of your Trip Log for your records. Questions about the Reimbursement Process? Please call: 1-888-513-0703. 		<p>Mail, fax, or email completed logs to:</p> <p>MTM, Attention: Trip Logs 16 Hawk Ridge Dr. Lake St. Louis, MO 63367 Fax: 1-888-513-1610 Email: payme@mtm-inc.net</p>	
Member Info	First Name:	Last Name:	Medicaid #:
	Address:		Phone:
	City:	State:	Zip:
Payment Info	Make payment to:	Relationship to Member: <input type="checkbox"/> Self <input type="checkbox"/> Other:	Date of Birth:
	Address:		Phone:
	City:	State:	Zip:

Appendix K – MTM Reimbursement Form (continued)

MTM		Reimbursement Trip Log (Continued)		
Trip #1	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #2	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #3	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #4	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #5	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #6	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
Trip #7	Trip Number (Call MTM for this before your trip):	Appointment Date:	Appointment Time:	Type: <input type="checkbox"/> Round Trip <input type="checkbox"/> One-Way
	Address where you were picked up: <input type="checkbox"/> Home <input type="checkbox"/> Other:			Healthcare Provider Phone:
	Healthcare Provider Name:	Healthcare Provider Address:		
	I certify that this patient was seen for a Medicaid covered health service.	Signature & Title of Healthcare Provider: ▶		
I have completed this form and I verify that the information on this trip log is true.		Signature of Member, Parent/Legal Guardian, or Representative: ▶		

Appendix K – MTM Reimbursement Form (continued)

We do not discriminate

MTM complies with applicable Federal civil rights laws and does not discriminate or treat people differently on the basis of race, color, national origin, age, disability, or sex.

MTM provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, call MTM: 888-561-8747.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with MTM:

16 Hawk Ridge Drive
Lake St. Louis, MO 63367
Toll-free: 888-561-8747
TTY: 711
Fax: 636-561-2962
Email: QM@mtm-inc.net

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, MTM is available to help you.

Appendix K – MTM Reimbursement Form (continued)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

English: ATTENTION: If you speak [English], language assistance services, free of charge, are available to you. Call 888-561-8747 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-561-8747 (TTY: 711).

Portuguese: ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 888-561-8747 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電888-561-8747（TTY：711）。

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 888-561-8747 (TTY: 711).

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយភាសា នៅយើងគឺឥតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 888-561-8747 (TTY: 711)។

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 888-561-8747 (ATS : 711).

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 888-561-8747 (TTY: 711).

Lao: ໂປດຊາວ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 888-561-8747 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث احدى اللغات، فإن خدمات المساعدة اللغوية متوفرة لك بالمجان. اتصل برقم 888-561-8747 (مكالمات الصم والبكم: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 888-561-8747 (телетайп: 711).

Appendix K – MTM Reimbursement Form (continued)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 888-561-8747 (TTY: 711).

Kru: Dè dè nàà kɛ dyédɛ gbo: ɔ̃ jũ ké m̃ [Bàsɔ̀ɔ̀-wùdù-po-nyò] jũ ní, nìí, à wudù kà kò dọ̀ po-poò bɛ́n m̃ gbo kpáá. Ọ́á 888-561-8747 (TTY: 711)

Ibo: Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 888-561-8747 (TTY: 711).

Yoruba: AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 888-561-8747 (TTY: 711).

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 888-561-8747 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 888-561-8747 (TTY: 711)번으로 전화해 주십시오.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 888-561-8747 (TTY: 711).

Appendix L – IP Prospective PCA Letter of Intent



LETTER OF INTENT Independent Provider (IP) Program

State of Rhode Island
Executive Office of Health and Human Services
Office of Medicaid
3 West Road
Cranston, Rhode Island 02920

I, _____, acknowledge that I will be enrolling in the Independent Provider (IP) Program trainings and I have every intention to work towards becoming a PCA in the Independent Provider (IP) Program. This letter will be filed with the Fiscal Intermediary.

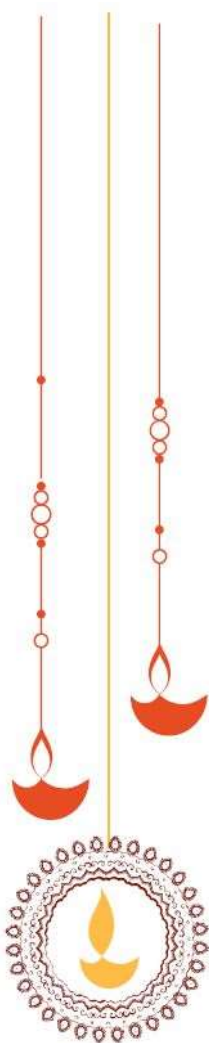
Thank you.

Address _____

Date _____

Signature _____

Appendix M –IP Prospective PCA Check-Off List



Independent Provider Program Prospective PCA Check Off List

Event	Date and Signoff
<input type="checkbox"/> Mandatory Orientation Training	
<input type="checkbox"/> National Background Check Done	
<input type="checkbox"/> CPR/First Aid Training Completed	
<input type="checkbox"/> 13 Hour Training Completed	
<input type="checkbox"/> Registry Profile Completed by PCA, where appropriate	
<input type="checkbox"/> FI has added Profile to Registry, where appropriate	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	
<input type="checkbox"/> Interviewed with a consumer	

Prospective PCA _____

Note to FI and the Trainer: Enter **N/A** wherever a checklist item is not a requirement for the PCA. For example, the consumer might not require the PCA take the 13-Hour (ADL/IADL) Training Class, or the PCA will not be on the Registry, or PCA will not be interviewing.

Appendix N – Consumer PCA Training Waiver

If the consumer chooses to train the PCA without the additional 13-Hour (ADL/IADL) being taken by the PCA, a waiver must be signed by the consumer or the consumer's representative. The form will be held on file by the FI.

Sample Consumer Training Waiver form:



Independent Provider (IP) Program Consumer PCA 13-Hour (ADL/IADL) Training Waiver

State of Rhode Island
Executive Office of Health and Human Services
Office of Medicaid
3 West Road
Cranston, Rhode Island 02920

I, _____, being of sound mind, have decided to waive the requirement that my Personal Care Aide (PCA) attend the Independent Provider 13-hour (ADL/IADL) Training Program. Instead, I am choosing to exclusively train my PCA about my own specific needs in my own home. I accept full responsibility for this decision and any possible consequences as a result of this decision.

If, at any time, I feel that my PCA could benefit from this 13-hour training, I can contact the Fiscal Intermediary to make that request. A copy of this form will be given to me and the original will be kept in my file with the Fiscal Intermediary.

Consumer
Address _____

PCA
Name _____

Date _____

Consumer/
Representative Signature _____

Appendix O – Self Direction Assessment



IP Program Self-Direction Assessment

Today's Date	
Your Name	
The IP Program allows you to decide how your personal care needs will be met by letting you choose how you are helped and by whom.	
Question 1	What services do you want and need?
Question 2	What other things would help you be more independent. (i.e. equipment, other services) that you do not have access to now?
You decide who will help you live in the community.	
Question 3	How will you find and select people to help you in your home?
Question 4	How do you plan to train and supervise the personal care aide (PCA) work in your home?
Question 5	How will you tell your PCA about what you like and don't like about her/his work?

Appendix O – Self Direction Assessment (pg2)



IP Program Self-Direction Assessment

Question 6	If you were not happy with the work done by your PCA, how would you handle the situation?
Question 7	If your regularly scheduled PCA could not help you (i.e. called in sick, didn't show up), how would you get your needs met?
A Service Advisor (SA) will assess your needs, check in with you periodically to see how you are doing and answer questions you may have.	
Question 8	Are you willing to accept this help from the Service Advisor on a regular basis, and ask for any additional help, as you need it?
YES _____ NO _____	
A Representative is someone who can help you make decisions and run the program if you want or need help. A Representative can be a family member or friend who is willing to check in on you regularly and meet with the IP Program Staff. The PCA you select cannot be your Representative.	
Question 9	Do you want to appoint someone as your Representative?
YES _____ NO _____	
Question 10	If yes, who do you want to appoint as your Representative?
Your Signature _____	

Appendix P – Consumer Management Skills Assessment



IP Program Consumer Management Skills Assessment

Today's Date		
Your Name		
Question 1	How is the IP Program different from other types of home care programs?	
Question 2	How do you plan to use your monthly budget of hours?	
Question 3	How will the Service Advisory (SA) assist you in the program?	
Question 4	How will the Fiscal Intermediary (FI) assist you in the program?	
Question 5	List at least (3) rights and at least (3) responsibilities you have as a consumer in IP Program?	
Rights		Responsibilities
Question 6	What is the difference between a Complaint/Grievance and an Appeal?	
Question 7	What are the pros and cons of hiring a PCA you don't know?	

Appendix P – Consumer Management Skills Assessment (pg2)



IP Program Consumer Management Skills Assessment

Question 8	What are the pros and cons of hiring a family member or friend as a PCA?
Question 9	What is your Emergency Back-up plan?
Question 10	Describe how you will go about finding and hiring a PCA?
Question 11	What are (3) questions you CANNOT ask a potential PCA in an interview?
Question 12	Do you plan on training your PCA? Will you suggest the formal training?
Question 13	How do you define high quality personal care services?
Question 14	What part of the IP Program will be the most challenging to you, and how will you deal with it?
Your Signature _____	

Appendix Q – Service Advisory Quarterly Visit Log



Independent Provider Quarterly Visit Log

Consumer Name:		Initial Assessment Date	Annual Assessment Date:
Assessor:		Visit Date:	
Has Consumer had hospitalizations since the last visit?	YES ___ NO ___	If YES, please explain:	
Has Consumer had any ER visits since the last visit?	YES ___ NO ___	If YES, please explain:	
Does Consumer have a need for any adaptive equipment or home modifications?	YES ___ NO ___	If YES, please explain:	
Are there any observed safety concerns?	YES ___ NO ___	If YES, detail why:	
Is this self-directed program continuing to be appropriate for the consumer?	YES ___ NO ___	If NO, detail why:	
Additional Notes and/or Concerns			

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Appendix R – Service Advisory Monthly Call Log



Independent Provider Monthly Call Log

Consumer Name	Initial Assessment Date	Annual Assessment Date
Representative Name		
Caller/Care Manager:		Call Date/Time:
Notes:		
Caller/Care Manager:		Call Date/Time:
Notes:		
Caller/Care Manager:		Call Date/Time:
Notes:		
Caller/Care Manager:		Call Date/Time:
Notes:		
Caller/Care Manager:		Call Date/Time:
Notes:		
Caller/Care Manager:		Call Date/Time:
Notes:		
Overall common pattern:		

Ver 1 - 3/28/2020

Appendix S – MFCO Referral Form

RI Attorney General Medicaid Fraud Unit Independent Provider Program Referral

Date Submitted to EOHHS Independent Provider Program Administrator: _____

Consumer Name: _____

Consumer Address: _____

Consumer MID: _____

PCA Name: _____

SSN: _____

DOB: _____

Address: _____

Telephone: _____

Reporting Agency: _____

Reporter Name: _____

Reporter Contact Info: _____

Complainant Name: _____

Complainant Information: _____

Appendix S – MFCO Referral Form (pg2)

Summary of Facts and Time Period involved:

Copies to be sent to:
EOHHS Independent Provider Program Administrator
Fiscal Agency
Service Advisement Agency

Copies to be sent to:
EOHHS Legal
PI Director

Agency Signature

Date

EOHHS IP Program Director

Date Submitted to Program Integrity

Program Integrity Signature

Date Submitted to RIAG MFCU

Ver 1

3/25/2020

Appendix T – Critical Incident Report Form



IP Program Critical Incident Report

This report is to be used for any critical incident involving an Independent Provider (IP) Consumer. A *Critical Incident* is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or wellbeing of a Money Follows the Person or waiver participant. Please refer to the *Critical Incident Reporting Policy* and the *Critical Incident Reporting Fact Sheet* for more detailed information regarding types of critical incidents and definitions.

Section 1		General Information	
Today's Date			
Date/Time of the Incident			
Consumer Name			
Consumer Address/Phone			
Person Reporting			
Relationship to Consumer			
Address			
Home Phone		Cell Phone	
Section 2		Type of Incident	
<input type="checkbox"/>	Abuse	<input type="checkbox"/>	Suicide Attempt
<input type="checkbox"/>	Death	<input type="checkbox"/>	Exploitation
<input type="checkbox"/>	Serious Injury	<input type="checkbox"/>	Unexpected Hospitalization
<input type="checkbox"/>	Neglect	<input type="checkbox"/>	Law Enforcement Contact
<input type="checkbox"/>	Self-Neglect	<input type="checkbox"/>	
<input type="checkbox"/>	Other →		

Appendix T –Critical Incident Report Form (pg2)



IP Program Critical Incident Report

Section 3	Describe Incident and Cause
Section 4	Interventions and Outcomes
Provide all names and roles of those involved in the incident	
Provide all names of witnesses to the incident	
Actions taken / By Whom / Outcome	
Police or other investigative authorities (Describe involvement, provide contact information, attach any reports from listed authorities)	

Appendix T –Critical Incident Report Form (pg3)



IP Program Critical Incident Report

Medical treatment provided to person involved in the incident			
Treating Facility			
Treating Physician			
Full Address			
Phone		Fax	
Section 5		Other Parties or Agencies Contacted	
<input type="checkbox"/>	Family	<input type="checkbox"/>	HCBS Provider →
<input type="checkbox"/>	Caregiver	<input type="checkbox"/>	Police →
<input type="checkbox"/>	Guardian	<input type="checkbox"/>	Ombudsman →
<input type="checkbox"/>	PCP	<input type="checkbox"/>	Other →
<input type="checkbox"/>	Other Health Care Practitioner →		
Section 6		Corrective Action Taken to Prevent Future Incidences	
Section 7		<i>I certify by signing that I have reviewed this full report and attachments and find all to be true, accurate and complete to the best of my knowledge.</i>	
Printed Name _____ Title _____ Signature _____ Date _____			

This manual should not be construed to replace the Self-Directed Regulations 210-RICR-50-10-2, <https://rules.sos.ri.gov/regulations/part/210-50-10-2> , which govern the Independent Provider (IP) program, but rather to supplement those Rules and Regulations. In the event of a conflict between this manual and the Rules and Regulations, the Rules and Regulations shall prevail. Moreover, this manual shall not be construed to provide any exhaustive description, criteria, definition or process and should not be construed as providing any type of legal standards whatsoever.

April, 2021

