




Developmental Services
Personal Care Assistance
 Monitoring Protocol

Personal care assistance is a service that assists an individual with eating and meal preparation, bathing, dressing, personal hygiene, and activities of daily living. The service also includes activities such as assistance with meal preparation, bed making and vacuuming when these activities are essential to the health and welfare of the individual and when no one else is available to perform them. This service is provided on a one-on-one basis. Personal care assistance may not be used solely for supervision.

Cite	Standard	Probes
<p>Explanation of Monitoring Tool Symbols/Codes</p> <p> Alert: Denotes a critical standard or cite relating to health, safety and rights. A deficiency requires a more intense corrective action and follow-up cycle.</p> <p>“W” Weighted Element: A “W” followed by 2.0 or 4.0 in the Cite column denotes elements that have a greater impact on the monitoring score.</p> <p>“R” Recoupment: An “R” in the Cite column denotes an element that is subject to recoupment of funds by the State if the element is “Not Met.”</p>		
A. Service Tasks and Location		
1 W2.0	The provider renders this service on a one-on-one basis.	<ul style="list-style-type: none"> • Review provider services logs or records, claims and other documentation to determine compliance. • Ask the provider how and where they render services and supports. • Ask the individual about the services they receive from the provider. Are they satisfied with the services? Are the services addressing their needs?

Cite	Standard	Probes
2	The provider renders personal care assistance in the individual’s own home or family home or while the individual who lives in one of those arrangements is engaged in a community activity.	<ul style="list-style-type: none"> • Review provider services logs or records to determine compliance. • Ask the provider how and where they render services and supports. • Ask the individual about the services they receive from the provider. Are they satisfied with the services? Are the services addressing their needs? Where do they receive these services? <p><i>Note: This service cannot be provided at the same time as NRSS, Companion Services, ADT services, or In-Home Support Services.</i></p> <p><i>Note: Personal care assistance in the family home should be provided only to assist the parent or primary caregiver of children in meeting the personal care needs of the child. Individuals who live in their own home or adults that live in a family home may require personal care assistance to assist them with meeting their own personal care needs.</i></p> <p><i>Note: Personal care assistance service cannot be provided or received in the provider’s home. Personal care assistance service may not be used solely for supervision.</i></p>
B. Provider Qualifications and Requirements		
<p><i>For all training related elements of performance appearing under this section: Review Area Office requirements for mandatory meetings and training documentation. Review provider's/staff member training records to determine if documentation is maintained, and at a minimum includes: The topic of the training; Length of the training session; Training dates; Participants' signature; Instructor's name; Objectives and/or a syllabus.</i></p>		
3	Providers of personal care assistance may be independent vendors or home health or hospice agencies licensed by the Agency for Health Care Administration.	<p>Review Area Office enrollment files or credentials and agency license submitted by the provider.</p> <p><i>Note: Independent vendors are not required to be licensed or registered.</i></p>
4	Independent vendors and employees of agencies must be at least 18 years of age and have one-year experience working in a medical, psychiatric, nursing or childcare setting or working with individuals who have a developmental disability.	<p>Review provider or agency staff personnel files, service records, resume, work history or other records to determine that provider meets these qualifications.</p> <p><i>Note: College or vocational/technical training that equals at least 30 semester hours, 45 quarter hours or 720 classroom hours may substitute for the required experience.</i></p> <p>Relatives providing the service must meet the same qualifications and training requirements.</p>

Cite	Standard	Probes
5	Proof of current training and certification is available for all independent vendors and agency staff in Cardiopulmonary Resuscitation (CPR).	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or according to regulations. • Review personnel files and other provider training records for evidence of required CPR training. • Review CPR certificates or CPR training documentation to determine expiration date and need for updated training. <p><i>Note: A certified trainer must provide CPR training.</i></p>
6	Proof of current training is available for all independent vendors and agency staff in AIDS and infection control.	<ul style="list-style-type: none"> • Independent vendors and agency staff complete this training within 30 days of initially providing services. • Determine if the provider and staff receive retraining according to the requirements established by the sponsoring organization or according to regulations. • Review personnel files and other provider training records for evidence of required training. • Infection control may be a separate training or included and documented as part of the AIDS training as “universal precautions.” <p><i>Note: American Red Cross First Aid Training does not meet the requirements for HIV/AIDS training.</i></p>

Cite	Standard	Probes
7  W4.0	Level two background screenings are complete for all direct service employees.	<p>Review available personnel files or records to ascertain compliance. Check for:</p> <ul style="list-style-type: none"> • Notarized affidavit of good moral character; • Proof of local background check • Documentation of fingerprints submitted to FDLE for screening and screening reports on file. • Criminal records that include possible disqualifiers have been resolved through court dispositions. • If this is an agency, look for evidence that the provider has used the screening information to identify any potentially disqualifying offenses and to make a determination of eligibility of the employee to render services and supports. As appropriate, look for evidence of Area Office exemptions on disqualifying offenses. <p><i>Note: Home health agency staff providing Home and Community Based Waiver services to developmentally disabled individuals must have Level II background screening.</i></p>
8  W4.0	All employees undergo background re-screening every 5 years.	<p>Review available personnel files or records to verify that employees undergo background re-screening at least every 5 years</p> <p>Look for evidence of completion and submission of an FDLE Form, identified as either attachment 3 or 4.</p> <p><i>Note: Fingerprint cards are not required on resubmission.</i></p>
9	The provider attends mandatory meetings and training scheduled by the Area Office and/or Agency.	<p>If this is an onsite visit:</p> <ul style="list-style-type: none"> • Ask the provider if they are aware of Area Office and Agency mandatory meeting and training schedules. Ask the provider if they can produce any notices, announcements or agendas received about meetings or training. • Ask the provider what Area Office and Agency meetings or training they have attended during the review period. • Ask the provider for any evidence they have to verify attending the meeting or training. <p>If this is a desk review</p> <ul style="list-style-type: none"> • Look for evidence in documents supplied by the provider of attendance at Area Office and Agency meetings, such as notes in personnel files or other records. <p><i>Note: If the Area Office has not sponsored any mandatory meetings or training, score this element Not Applicable.</i></p>

Cite	Standard	Probes
10 NEW	Direct service staff has received training in the Agency's Direct Care Core Competencies Training.	<p>Look for documented evidence that direct service staff have received this training or an equivalent which has been approved by the Agency.</p> <p>Training was received within the required timeframes as developed by the Agency.</p> <p>This training may be completed using the Agency's web-based instruction, self-paced instruction or classroom-led instruction.</p>
11 W2.0	Independent providers and agency staff receive training on responsibilities and procedures for maintaining health, safety and well-being of individuals served.	<ul style="list-style-type: none"> • Review provider personnel files or training records for evidence of this type of training. • If this is an onsite review, ask the provider and/or their staff about what types of training programs they have and continue to attend. <p>Training on health, safety and well-being of individuals could include such topics as:</p> <ul style="list-style-type: none"> • Fire safety for the environment; • Evacuation procedures in the event of natural or other disasters; • Training on what to do in the event of personal health emergencies involving consumers; • Basic infection control training, e.g., hand washing before and after all contact with consumers. • Identifying and reporting concerns about health, safety and well-being of individuals and the environment in which they are living. <p>Refer also to the provider's policy in this area to determine compliance.</p> <p><i>Note: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
12 W2.0	Independent providers and agency staff receive training on medication administration and on supervising individuals in the self-administration of medication.	<p>Determine if:</p> <ul style="list-style-type: none"> • The provider has a policy related to their own and/or staff training on medication administration or supervision of self-administration of medication. • The provider and/or staff receive training on medication administration or supervision of self-administration of medications, when applicable to their job responsibilities and the needs of individuals in the program. • Determine if medication administration training includes evidence of a return demonstration of the training by an RN for the provider and staff. • Determine if the training includes recognizing adverse drug reactions, drug-to-drug interactions or food and drug interactions. • Determine if training is provided by a qualified trainer (Physician or Registered Nurse); the curriculum used is developed or approved by an RN or other appropriate entity (e.g. Area Office). <p><i>Note: A provider's policy on medication administration may be that their program does not administer or supervise self-administration of medications and all staff are made aware of this position and trained on this policy.</i></p> <p><i>The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; providers and their staff may attend a program offered through another provider.</i></p>
13	Independent providers and agency staff receive training on required documentation for service(s) rendered.	<p>Look for evidence that the provider and/or staff have received training on the type and format of documentation that is required for the services and supports that they render.</p> <p>Examples of this training could include:</p> <ul style="list-style-type: none"> • Instruction on documentation that is required for reimbursement and monitoring purposes. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

Cite	Standard	Probes
14	Independent providers and agency staff receive training on responsibilities under the Core Assurances.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had some training related to the Core Assurances section of their Waiver Services Agreement and the DS Waiver Services Florida Medicaid Coverage and Limitations handbook.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • The rights of individuals in the program and how the provider respects these rights; • Maintaining confidentiality of consumer information; • Offering individual's choice of services and supports; • Recognizing and reporting of suspected abuse, neglect or exploitation; • Rendering services in an ethical manner. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>
15	Independent providers and agency staff receive training on responsibilities under the requirements of specific services offered.	<p>Look for evidence that the provider and/or staff have been familiarized with and have had training related to the service specific sections of their Waiver Services Agreement.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Specifics of rendering services and supports; • Service limitations; • Service documentation requirements; and • Billing for services. <p><i>NOTE: The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

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16	Independent providers and agency staff receive training on use of personal outcomes to establish a person-centered approach to service delivery.	<p>Look for evidence that the provider and/or staff have received training on using desired outcomes for individuals as the guide for rendering services and supports.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Rendering services and supports in accordance with the service authorization. • Respecting the wishes of individuals as it relates to the services and supports being provided. • Use of Personal Outcomes Measures, or another person-centered planning approach. • Individualizing service delivery methods. <p>Also refer to the provider’s policy in this area to determine specified training.</p> <p><i>Note: This does not mean that the provider must have received the official Personal Outcome Measures training (with the exception of Support Coordinators). Other person-centered approaches are acceptable.</i></p> <p><i>The Area Office is not the sole source for a provider to find training programs and activities referred to in the Core Assurances. Providers may develop their own curriculum for their staff; provider and their staff may attend a program offered through another provider.</i></p>

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17 W2.0	Independent providers and agency staff receive other training specific to the needs or characteristics of the individual as required to successfully provide services and supports.	<p>Look for evidence that the provider and/or staff assigned to render services and supports to individuals have received some orientation to an individual and their unique characteristics and needs.</p> <p>The family or guardian or other providers or people who are in regular contact with and understand the unique characteristics and needs of the individual can provide this orientation.</p> <p>Examples of this training could include instruction on:</p> <ul style="list-style-type: none"> • Communicating with the individual; • Unique environmental issues for the individual • Unique individual characteristics that provider needs to be aware of in order to render services <p>This training may be one-on-one in nature, and therefore documentation will not take the form of an agenda, or curriculum with handouts and outline. Also look for evidence in the consumer's record, such as in notes or other provider documentation.</p> <p>Note: If provider has been approved for a rate modifier because of an individual's need, there is documentation of the training in the specific, identifiable skill over and above those identified in the qualifications for the service. Training received includes at least one of the specific areas:</p> <ul style="list-style-type: none"> • Training on physical and/or nutritional management plans. • Training to gain the skills necessary to provide services for individuals who exhibit intense problems with behavior. • Training in American Sign or other recognized communication specialties.
18 W2.0	Proof of required training in recognition of abuse and neglect to include domestic violence and sexual assault, and the required reporting procedures is available for all independent vendors and agency staff.	<ul style="list-style-type: none"> • Review personnel files and other provider training records for evidence of required training. • If applicable, ask staff about the in-service training that they have received. • Training should include prevention, detection and reporting requirements.
C. Service Limits and Times		
19	The provider renders no more than 64 units of this service per day when the provider is paid by the quarter-hour unit.	<p>Review service authorizations, claims data, provider service logs or other records that are available.</p> <p>Note: Additional units of this service can be approved by the Agency's prior service authorization.</p>

Cite	Standard	Probes
20	Provider is authorized to render personal care assistance.	Review provider records for a service authorization.
21 R	Provider renders services and supports at a frequency and intensity as defined in the service authorization.	<p>Provider renders standard, moderate or intense level of support per the service authorization.</p> <p>Review claims data, provider service logs or other records to determine compliance with billing requirements.</p> <p>Personal Care Assistance services cannot be provided at the same time as NRSS, Companion Services, ADT services, or In-Home Support Services.</p> <p>This Cite is subject to recoupment if documentation indicates that the services identified were provided concurrently and billed and if documentation is inadequate to determine compliance with specifications of the handbook.</p> <p><i>Note: Reimbursement for nursing oversight for services provided by home health agencies and nurse registries is not a separate reimbursable service. The cost must be included in the personal care assistance service.</i></p> <p><i>Note: A relative is defined as someone other than a legally responsible family member, who is required to provide care for the individual, such as a parent of a minor child or a family member who is also a plenary guardian of an adult. With regarding to relatives providing this service, controls must be in place to make sure that the payment is made to the relative as a provider, only in return for specific services rendered, and there is adequate justification as to why the relative is the provider of care. An example of a viable reason may be lack of providers in a rural area.</i></p>

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22 R	The provider does not render services to individuals living in foster or group homes except as allowed.	<p>Review claims data and provider service logs or other records.</p> <p>Exceptions allowed for rendering services to individuals living in foster or group homes include:</p> <ul style="list-style-type: none"> • During an overnight visit with family or friends away from the foster or group home to facilitate the visit; or • When a group home resident is recovering from surgery does not require the care of a nurse and the group home operator is unable to provide the personal attention required to insure the beneficiary's personal care needs are being met. <p><i>Note: Under these circumstances it would be considered reasonable to provide this service to a resident of a licensed residential facility only on a time-limited basis. Once the individual has recovered, the service must be discontinued.</i></p> <p>This Cite is subject to recoupment if documentation is inadequate to demonstrate compliance with service limitations.</p>
D. Documentation		
23 R	Provider must have at a minimum copies of the service logs for the period being reviewed.	<p>Review claims data, provider service logs or other documents that demonstrate compliance.</p> <p>Service logs are to be submitted to the waiver support coordinator on a monthly basis.</p> <p><i>Note: A service log contains the individual's name, social security number, Medicaid ID number, the description of the service, activities, supplies or equipment provided and corresponding procedure code, times and dates service was rendered.</i></p> <p>This Cite is subject to recoupment if documentation is not available.</p>
24	If the provider is transporting the individual in his or her private vehicle, the provider has a valid driver's license, vehicle registration, and insurance.	<ul style="list-style-type: none"> • If this is an onsite review, ask the provider if they transport individuals in their private vehicles. • If an onsite review, and an agency provider, ask about procedures that are followed when direct service staff transport individuals in their private vehicles, such as when they collect and how they maintain information on employees rendering transportation. • Review provider and staff personnel files or other records for driver's license, vehicle registration and insurance to determine that they are current.
25	The provider notifies the Area Office Program office of any changes in driver's license, car registration, insurance status, or of traffic violations.	<ul style="list-style-type: none"> • Review provider or agency staff personnel files or other records for evidence that changes in status or traffic violations, with the exception of parking tickets have been reported to the Area Office immediately.

Cite	Standard	Probes
26 R NEW	Provider does not bill separately for transportation and travel cost.	<ul style="list-style-type: none"> • Review claims data • Compare the sample claims with service records for individuals. <p>If onsite review,</p> <ul style="list-style-type: none"> • Ask the provider to describe and discuss billing policies and procedures. • Ask the provider if they have had any difficulty with denied claims. <p>Note: Transportation and travel cost are included in the provider's rate and may not be billed separately.</p> <p>This Cite is subject to Recoupment for any transportation and travel cost billed separately.</p>

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