



Senior & Long Term Care Division Community Services Bureau Big Sky Waiver Policy Manual

Title: BSW 722
Section: SERVICES
Subject: Personal Assistance Services
Reference: ARM 37.40.1447, .1449; BSW Application (01/01/2018)
Supersedes: BSW 722 (07/01/2018)

DEFINITION

Personal Assistance Services (PAS) under the Big Sky Waiver (BSW) program may include supervision for health and safety reasons, socialization, escort and transportation for non-medical reasons, specially trained attendants for members with extensive needs, or an extension of State Plan personal assistance services (when the member's State Plan needs exceed the limits of that program). BSW services complement and/or supplement but does not replace the services that are available to members through the Medicaid State plan and other federal, state and local public programs as well as the supports that families and communities provide. BSW members are required to pursue and exhaust all other potential third-party sources of coverage (including, but not limited to: natural supports, Medicare, Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Community First Choice (CFC) and State Plan).

REQUIREMENTS

A personal assistant is an employee of a provider agency. Personal assistance services must meet the following criteria:

1. Personal Assistance Services must be provided by a provider under contract with the Department to provide Big Sky Waiver Personal Assistance or Specially Trained Attendant services;
2. Members may use any combination of agency-based and self-directed services for BSW and state plan services; and
3. Members receiving Community First Choice/Personal Assistance Services (CFC/PAS) who choose to receive CFC/PAS services through the agency-based model may choose to self-direct their BSW hours, if they meet capacity criteria as determined by Mountain Pacific Quality Health (MPQH).

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The Case Management Team (CMT) is responsible to refer these BSW members to MPQH to have a capacity assessment completed. The capacity referral is made by using the Personal Assistance Services Consumer Referral/Overview (SLTC-154). Refer to BSW 799-2.

PROCEDURES

All referrals for BSW personal assistance services must be forwarded to the provider agency of choice. This referral should document the span of time the authorized units cover. Ongoing communication with the provider agency and the member is required to assure that both understand that the rate of utilization is member driven within BSW service limitations, but that the number of units authorized to cover the entire time span will not be increased to cover over utilization. This communication will also help to assure that the authorization is appropriate to meet the member's needs throughout the service plan year.

CFC/PERSONAL ASSISTANCE SERVICES MANUAL

The Department has developed the [Community First Choice Agency Based and Self-Directed Program manuals](#) for CFC/PAS provider agencies. These manuals outline all policies and procedures relating to the CFC Program. These manuals should be referred to for policy information regarding the extension of State Plan CFC/PAS.

EFFECT ON SERVICE PLAN COSTS

Only those personal assistance services provided under BSW are included on the service plan cost sheet. The provision of State Plan personal assistance services as defined in ARM 37.40.1111 should be reflected on the "Other Treatment/Therapies/Social Services" section on the BSW plan of care.

SERVICE LIMITATIONS

Personal Assistance Services that is beyond what is required to be provided by the facility are not allowed for a member residing in adult residential settings.

Social Supervision in excess of 20 hours/bi-weekly requires Regional Program Officer Prior Authorization. Refer to BSW 403 and 702.

PAYMENT TO LEGALLY RESPONSIBLE INDIVIDUALS

Payment for this service may be made to legally responsible individuals, if program criteria are met. Refer to BSW 604-1.

NOTE: It is never appropriate to authorize State Plan personal assistance through BSW so that a legally responsible individual can be paid to provide that service. BSW personal assistance must meet the criteria as listed in the definition on page one of this section.

NURSE SUPERVISION FOR PCAs

This service may be authorized if the member is receiving waiver only services from a personal assistance agency and requires a nurse for the supervision of the BSW specific personal assistance. An authorized CFC/PAS provider enrolled as a BSW provider must provide nurse supervision. The service is billable under procedure code T1019 UA TE. Billable time for nurse supervision is:

1. Intake time – this includes the time to complete the plan for services and orient the member to the program in the member's home;
2. Time spent in providing specific member orientation or training to an attendant if the service is agency based. This DOES NOT include going over the schedule;
3. Time spent charting specific to one member. This would include such activities as incident reporting and service plan development; and

4. Time spent in case conferences with other providers and/or family members and/or the member.

SHARED SERVICE DELIVERY

Shared service delivery is possible in accessible space apartment complexes; however, not all of them provide this service. Retainer payments for hospitalizations will be considered on an individual basis and if there are extensive vacancy days due to holidays or vacations, a meeting will be set up with the member to address coverage issues.

Duplicate services cannot be billed for the same member for the same period of time. For example, a BSW/PCA and CFC/PCA cannot bill for the same hour on the same day for the same member.

Administrative services cannot be billed as a waiver service. For example, an agency staff person responsible for coordinating schedules cannot be billed as a waiver service.

Providers should consult the current fee schedule for details on the PCA shared service delivery rate.

SPECIALLY TRAINED ATTENDANT

Specially Trained Attendant (STA) care is an option under BSW personal assistance that provides specialized supportive services to a member.

STA care services may include:

1. Money management;
2. Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) and Socialization/Supervision for individuals whose disability requires services by an attendant with additional training;
3. STA/Life Coach that assist individuals to acquire, retain and improve self-help, socialization and adaptive skills necessary to reside successfully in home and community settings; and
4. Private Duty Nursing (PDN) for individuals who receive continuous and extensive nursing services.

STA Requirements:

1. Money Management: These providers are not required to have basic PAS training.
2. ADL/IADL and Socialization/Supervision: This service is intended for an individual whose disability requires services by an attendant with additional training. It is typically utilized for individuals with brain injuries, severe dementia or severe physical disabilities whose needs cannot be met by standard PAS. These attendants must have basic PAS training plus 10 hours of disability specific training plus 4 hours of member specific training.
3. STA/Life Coach: These providers must have extensive knowledge of the community and community resources. They are not required to have basic PAS training.
4. Private Duty Nursing: This service is intended for individuals who receive continuous nursing. It is not intended for the short term, occasional, or intermittent type nursing. This service is typically used for members whose nurse(s) are assigned just to them and they would lose income if the individual is absent (Heavy Care/CC3 members).

EXAMPLE: If a person only uses PDN for bowel programs and that nurse works for many other members, this would be billed under regular PDN. If the nurse works only for one or two members exclusively and would lose income and not be able to work elsewhere during the member's absence, then STA PDN should be used.

**PROVIDER
QUALIFICATIONS**

It is the responsibility of the provider agency to ensure that assistants are appropriately trained under agency-based services or the member under the self-directed and participant directed programs. It is the responsibility of the CMT to define, document and arrange for any specialized training for STAs, other than Registered Nurse/Licensed Practical Nurse (RN/LPN).

PROCEDURE CODES

The following codes are utilized when authorizing a service under the STA category:

LPN	S9129
RN	S9123
All other STA services	S5125

As per current fee schedule, reimbursement for STA includes:

1. Money management
2. ADL/IADL and Socialization/Supervision
3. STA Life Coach
4. LPN/RN

RETAINER PAYMENTS

Retainer payments allow providers to be reimbursed when the member is absent from the home or adult residential care facility due to entry to a hospital or nursing facility or on vacation (absence from services). Retainer payments are available to keep members from losing their caregivers or placement in a residential care facility.

Payment for retainer days may not exceed 30 days per Service Plan year. Refer to BSW 410 (Retainer Payments).

Retainer days for STA service:

1. Money management – retainer days would not typically be used for this STA service.
2. ADL/IADL and Socialization/Supervision – only use retainer days when and if the attendants cannot work for others while the member is absent and they would lose income.
3. STA/Life Coach – only use retainer days when and if the attendants cannot work for others while the member they work with is absent and they would lose income.
4. STA Private Duty Nursing – only use retainer days when and if the STA PDN nurse cannot work for

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