

MEMORANDUM

TO: HOME CARE PROVIDERS AND HOME NURSING CARE PROVIDERS
FROM: EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
RE: ALLOWABLE MEDICAID SERVICES AND THE AUTHORIZATION OF TRANSPORTATION SERVICES
DATE: NOVEMBER 1, 2014

It has come to our attention at the Office of Health and Human Services (OHHS) that there may be some confusion regarding what the responsibilities of home care agencies are, in particular, as they relate to transportation services in light of the new state transportation broker. Therefore, below please find some guidelines that may assist you.

I. Allowable Services to Medicaid Recipients:

The 1115 waiver allows for long term care services and supports (LTSS) to be provided to individuals who meet the highest, high or preventive level of care criteria and includes access to Core and Preventive Home and Community Based Services (HCBS) as outlined in Attachment B of the 1115 renewal document.

Specifically, services provided by licensed home care/ home health agencies using a Certified Nursing Assistant or Homemaker are defined as:

Homemaker services are defined as services that consist of the performance of general house hold tasks (e.g.; meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is absent or unable to manage the home and care for him or herself or others in the home. Homemakers shall meet such standards of education and training as are established by the state for the provision of these activities.

Personal Care Services are defined as services that provide direct support in the home or community to an individual in performing Activities of Daily Living (ADL) tasks that he/she is functionally unable to complete independently due to disability. Personal Care Services may be provided by:

1. A certified nursing assistant (C.N.A) who is employed under a state licensed home care/home health agency and meets such standards of education and training as are established by the state for the provision of these activities.
2. A personal care attendant via Employer Authority under the self-direction option.

An assessment is performed with the individual requesting services and hours of service are authorized based on the functional needs of the individual. A person-centered care plan is developed with the individual that takes into consideration formal and informal supports. The following are the ADL and IADL tasks that are evaluated and for which allowable time is authorized and can be reimbursed.

Bathing: Is defined as the ability to shower, bath or take sponge baths for the purpose of maintaining adequate hygiene. This also includes the ability to get in and out of the tub/shower, turn faucets on/off, regulate water temperature, and wash and fully dry.

Dressing: Is defined as the ability to dress and undress as necessary, choose and retrieve appropriate clothing. This also includes the ability to put on prostheses, braces, anti-embolism garments (e.g. “TED” stockings) or assistive devices and includes fine motor coordination for buttons and zippers. This also includes choosing clothing appropriate for the weather. Difficulties with a zipper or buttons **at the back** of a dress or blouse **do not constitute a functional deficit**.

Eating: Is defined as the ability to eat or drink using routine or adapted utensils. This also includes the ability to cut, chew, and swallow food.

Grooming: Is defined as the ability to comb hair, brush teeth, shave, apply make-up, nail care, eyeglasses, and jewelry application.

Mobility: Is defined as the ability to move between locations in the person’s living environment inside and outside the home, with or without assistive devices.

Skin Care: Is defined as the ability to check one’s skin to prevent/monitor skin issues (pressure sores, abrasions, edema, etc.)

Toileting: Is defined as the ability to use the toilet, commode, bedpan, or urinal. This includes transferring on/off the toilet, cleansing of self, changing of pads/briefs, managing an ostomy or catheter, and adjusting clothing.

Transferring: Is defined as the physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position. This includes changes of position in w/c for pressure relief and or transfers to bed during the day secondary to poor sitting tolerance. This also includes changes of position in bed. *This excludes toileting transfers.*

Housework: Is defined as doing dishes, dusting, making the bed and general cleaning. Laundry is in a separate category.

Meal Preparation: Is defined as planning, preparing, serving and clean-up.

Shopping: Includes grocery, prescriptions, errands, hair salon (grooming) and banking.

II. Transportation:

The Executive Office of Health and Humans Services (EOHHS) recognizes that Medicaid Recipients need available and appropriate transportation in order to access medical care and assure the provision of such transportation when required to obtain medically necessary services covered by the Medicaid program. The Medicaid Program covers emergency and non-emergency medical transportation (NEMT). Ground transportation is covered/provided for when the individual has Medicaid and is receiving a Medicaid covered service from a Medicaid participating provider.

Transportation can be provided by any of the following modes:

- Public transit (bus)
- Private Car
- Public Motor Vehicles
- Multi-Passenger Van
- Ambulance
- Stretcher Car.

To be eligible for Medicaid NEMT transportation services, beneficiaries must meet the following criteria:

Unable to find alternative transportation;

Requires transportation services for medical/health visits that are part of a total patient plan of care supervised and ordered by a health care professional; and

Meet transportation service categories of State and Federally-funded transportation.

Effective **May 1, 2014**, the state's transportation broker, currently MTM is managing NEMT for those members who have no other way to get a ride (i.e. family, friends) to a Medicaid covered service provided by a Medicaid-enrolled medical practitioner. NEMT is available to all qualified Medicaid members including those enrolled in United Health Care, Tufts and Neighborhood Health plans.

All NEMT transportation requests must be scheduled through the State's transportation broker.

Some requests may require a physician's statement. The transportation broker may be reached at: <http://www.eohhs.ri.gov/Consumer/ConsumerInformation/TransportationServices.aspx> or 1-855-330-9131.

EOHHS has determined that transportation is not a billable service via a home care/home health agency. However, EOHHS recognizes that it is imperative for individuals to be fully integrated into the community in order for them to live an optimal life and be successful in remaining independent in the community. **Beginning November 1, 2014**, transportation by a home care/home health agency may be provided under the following circumstances:

1. Should a client require NEMT, a State-designated NEMT provider, approved by and under current signed agreement with the State transportation broker (currently LogistiCare), will be used to provide appropriate transportation to a medical appointment.
2. A C.N.A from a home care/home health agency may accompany the client to the medical appointment, as necessary, during authorized hours of services on the care plan. The C.N.A may accompany the individual on the NEMT service or follow the individual to the appointment. It may also be appropriate for the C.N.A to assist the client in arranging the transportation.
3. Other than the NEMT transportation provided through the transportation broker as stated herein, transportation may be provided by the home care/home health care agency only for services identified on the care plan and only during authorized hours on the care plan for that activity. For example: if grocery shopping is an identified activity on the care plan, the agency may provide transportation to an individual to go grocery shopping, during authorized hours for that activity.
4. Under no circumstances is transportation to be provided to an individual for services not identified in the care plan.
5. No additional hours will be added to the care plan to provide transportation.
6. Agencies must be a RI Medicaid Provider in good standing and adhere to rules set forth in such agreement.
7. Agencies must comply with EOHHS laws, and rules and regulations (as amended). Transportation rules and regulations are provided for in Policy Section 1360.
8. Agencies must agree to adhere to any and all applicable State and Federal statutes and regulations regarding background checks on agency staff and employees having direct contact with Medicaid beneficiaries.

In Addition:

It is the responsibility of the home care/home health agency to ensure that agency employees, agents, and subcontractors, who own or operate vehicles that transport clients, shall be properly licensed drivers, meet all Division of Motor Vehicle requirements as evidenced by a current

valid driver's license and have a clean driving record as evidenced by the annual BCI, and the Agency shall keep a copy of the current driver's license on file. ***The use of client vehicles is prohibited.***

It is the responsibility of the home care/home health agency to maintain insurance coverage in commercially reasonable amounts, including liability, for the purposes of providing transportation to individuals the agency serves. The agency shall keep a copy of the certificate of insurance on file.

It is the responsibility of the home care/home health agency to ensure that employees (as well as agents, subcontractors, and volunteers, as applicable) document, on their time sheet, signed by the Medicaid beneficiary, that transportation was provided to the beneficiary, specifying time and activity.

All home care/home health agencies, as well as their employees, agents, and subcontractors providing transportation, are prohibited from charging a Medicaid beneficiary for any portion of the transportation that was provided during authorized hours of care.

All home care/home health agencies that provide transportation shall cause all of their employees, agents, and subcontractors to comply with the following:

1. Ensure that all vehicles used to transport individuals are in safe operating condition.
All vehicles utilized by employees, agents, and subcontractors of the agency to transport individuals shall have a current vehicle inspection sticker from the state where the car is registered.
2. Comply with EOHHS laws, and rules and regulations (as amended). Transportation rules and regulations are provided for in Policy Section 1360.
3. Comply with Division of Motor Vehicle laws, rules and regulations.
4. Have active automobile insurance coverage, including liability, and the agency shall keep a copy of the certificate of insurance on file.
5. Carry a stocked first aid kit in the vehicle used to transport individuals.
6. Ensure that all individuals in the vehicle use seatbelts when transporting clients.
7. Ensure that the client is in agreement with the agency providing transportation by signing a document attesting to such. The signed attestation document shall be maintained by the agency. The transportation agreement will have at a minimum:
 - a. Name of Agency
 - b. Name of individual providing transportation
 - c. Name, address, phone number of client
 - d. Name and phone number of emergency contact

- e. Date of transportation
- f. Reason for Transportation
- g. Time of transportation
- h. Statement that client is agreeing to agency providing transportation and understands that the transportation is provided during hours authorized on the Medicaid care plan.

The Executive Director of the home care/home health agency shall sign a written attestation agreeing to full compliance with all the provisions described above. The agency shall submit the attestation to the Office of Community Programs in the Executive Office of Health and Human Services (EOHHS) and Hewlett Packard (HP) as an addendum to the Medicaid Provider Agreement, and shall post a copy of the attestation in a visible location in the agency.

From time to time, upon request of EOHHS, documentation of the home care/home health agency's compliance with the provisions set forth above shall be provided.