3.10
ADVANCED PERSONAL CARE - STATE PLAN (AGENCY MODEL)

Advanced Personal Care – (Agency Model) (APC) services are maintenance services provided in a participant's home to assist with activities of daily living when this assistance requires devices and procedures related to altered body functions. APC services must be reasonable according to the condition and functional capacity of the participant. For APC provided in a Residential Care Facility (RCF) or Assisted Living Facility (ALF), see Policy 3.20.

- Authorization of APC services is funded through the Medicaid State Plan.
- All APC participants must meet the following eligibility criteria:
  - At least 18 years of age;
  - In active Medicaid status (see Policy 2.00);
    - Participants who are eligible for Medicaid on a spenddown basis may be authorized to receive APC during periods when they meet their spenddown liability.
    - A participant is responsible for the cost of services received during periods of time when they have **not** met their spenddown liability.
    - Participants who receive Medicaid due to eligibility for Blind Pension (BP) may be authorized for APC.
    - Participants in a 'Transfer of Property penalty' may be authorized for APC.
    - Authorization of APC does **not** meet the requirements for an individual to be eligible for Home and Community Based (HCB) Medicaid.
  - Have an appropriate Medicaid Eligibility (ME) code (see Chapter 2, Appendix 3); and
  - Meet nursing facility level of care.
- APC shall be authorized in 15 minute units.
- APC units authorized shall be consistent with the APC tasks to be completed on a **regular** basis.
- The amount of APC tasks identified shall be reasonable for the amount of APC units authorized.
- APC shall be included in the overall cost of care for the participant (see Appendix 2).
  - APC authorized together with other Medicaid State Plan Home and Community Based Services (HCBS and Aged and Disabled Waiver (ADW) services shall not exceed 100% of the average statewide monthly cost for care in a nursing facility, without prior approval of the Bureau of Program of Long Term Services and Supports (BLTSS).

NOTE: When the care plan includes an authorization for RN services, the cost of one RN visit shall be excluded from the calculation of a care plan's cost.

- When the combination of State Plan and ADW services exceed the 100% cost maximum: The appropriate supervisor for the Division of Senior and Disability Services (DSDS) staff
- shall review all person centered care plan (PCCP) requests over the 100% cost cap to ensure the participant's unmet needs require the amount of service requested.
- If documentation supports the request, the case shall be forwarded to BLTSS for consideration and approval prior to authorization over 100% of the cost cap.
- Pending the approval from BLTSS, to exceed the cost cap, APC services in combination with other state plan or ADW services can be authorized up to 100% of the cost cap.

NOTE: When a PCCP includes Adult Day Care authorized through the ADW or the Adult Day Care Waiver (ADCW), the total cost of care **cannot** exceed 100% of the cost cap.

- Pursuant to federal guidelines, a participant can only be enrolled in one Home and Community Based Waiver at a time, regardless of who is administering the Waiver program.

◆ APC is provided by HCBS providers enrolled as a Personal Care-Agency Model provider with the Department of Social Services (DSS), Missouri Medicaid Audit and Compliance Unit (MMAC). Payment is made to the HCBS provider on behalf of the participant.

◆ The individual providing the service is an employee of the HCBS provider and cannot be a member of the immediate family of the participant. An immediate family member is defined as a parent; sibling; child by blood, adoption, or marriage (step-child); spouse; grandparent or grandchild.

◆ Restrictions:

- Participants authorized for certain services through the Department of Mental Health (DMH) may not be eligible for services as outlined in this policy. Staff shall refer to the Service Coordination Policy for guidance on coordination of services for participants authorized for DMH services (See Policy 4.35).

◆ APC services may include any of the following tasks:

NOTE: Suggested times and frequencies have been developed with the care needs of an average or typical participant in mind. In the development of the (PCCP), consideration shall be given regarding the size of the home, geographic location, specific participant limitations, formal and informal supports, and other factors that might affect the amount of time necessary to complete required tasks.

- Changing bags and soap and water hygiene around an ostomy site (including tracheostomies, gastrostomies, colostomies; all with well-healed stoma). (Suggested time 15 minutes - Suggested frequency 1-7 x/week.)
- Changing bags and soap and water hygiene around the site of external, indwelling and suprapubic catheters. (Suggested time 15 minutes - Suggested frequency 1-7 x/week)
- Removal of external catheters, inspect skin and reapply catheter. (Suggested time 15 minutes - Suggested frequency as ordered)

- Administration of prescribed bowel programs, including use of suppositories and sphincter stimulation per protocol and enemas (prepackaged only) with clients without contraindicating rectal or intestinal conditions. (Suggested time 15 minutes - Suggested frequency as ordered)
- Application of medicated (prescription) lotions, ointments or dry, aseptic dressings to unbroken skin including stage I *decubitus*. (Suggested time 15 minutes - Suggested frequency as ordered)
- Application of aseptic dressings to superficial skin breaks or abrasions as directed by a licensed nurse. (Suggested time 15 minutes - Suggested frequency as ordered)
- Manual assistance with non-injectable medications as set up by a licensed nurse and may include opening a medicine lockbox, steadying the participant's hand/arm for ear and eye drops, finger sticks for blood sugar monitoring and reading levels and when prompting is required to take medication (Suggested time 15 minutes – Suggest frequency as ordered)
- Passive range of motion (nonresistive flexion of joint within normal range) delivered in accordance with the care plan. (Suggested time 15 minutes - Suggested frequency as ordered)
- Use of assistive device for transfers. (Suggested time 15 minutes - Suggested frequency per transfer)

***Note**: Encouragement (prompting and cueing) and instruction of participants in self-care may be a **component** of the tasks described above; however, encouragement and instruction **do not** constitute a task in and of themselves.*