

Home Care Agency, Respite Care, and Housekeeping & Errands Statement of Work

The Agency must be licensed as a Home Care Agency as defined in RCW 70.127 and WAC 246-335. The Agency shall provide services in compliance with all applicable state and federal statutes and rules, including but not limited to WAC 246-335, WAC 388-71 and the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, laws and regulations and all DSHS management bulletins.

I. SERVICE DELIVERY

A. Authorized services

The Agency is authorized to provide personal care services, relief care, housework and errands, bath aide and/or skills acquisition training services, as authorized and stipulated in the authorization documents provided for each client by the authorizing DSHS Social Worker/Case Manager or AAA Case Manager. Services will be provided in the client's home unless authorized and written into the client's Assessment Details and Service Summary or Medicaid Transformation Demonstration Project (MTDP) care plan. The Agency may not modify in any way the type and amount of authorized service without prior approval from DSHS or the AAA.

Relief Care

Relief care is the authorization of personal care services to relieve another personal care worker.

Bath Aide

Bath Aide services are limited to assistance with the tasks listed below and when such tasks are directly related to the client's health condition;

- Provide bed bath, shower or tub bath as appropriate;
- Provide appropriate care of skin, hair, fingernails, mouth and feet (excluding toenail care);
- Provide good body alignment, positioning, and range of motion exercises for clients who are non-ambulatory;
- Assist client in and out of bed and with ambulation (including gait belt, sliding board, Hoyer Lift, E-Z Stand) with family or facility staff assistance as indicated;
- Assist client with use of bedpan, urinal, commode and bathroom;
- Assist with routine catheter care and enemas according to the plan of care
- Assist clients with eating and dressing;
- Change simple dressings.

Bath aide services exclude tasks that clearly should be provided by certified medical professionals, such as registered nurses, licensed practical nurses, or therapists. Bath aide services will be provided at a rate negotiated by the AAA and home care agency.

Skills Acquisition Training

Skills Acquisition Training Services include functional skills training to accomplish, maintain, or enhance Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), or Health Related tasks. Long Term Care workers and home care aides may provide skills acquisition for ONLY the following tasks:

1. Cooking and meal preparation
2. Shopping
3. Housekeeping tasks
4. Laundry
5. Limited Personal Hygiene tasks including only:
 - a. Bathing (excludes any transfer activities)
 - b. Dressing
 - c. Application of deodorant
 - d. Washing hands and face
 - e. Washing, combing, styling hair
 - f. Application of make-up
 - g. Brushing teeth or care of dentures
 - h. Menses care
 - i. Train shaving with an electric razor

Housework and Errands

Housework and Errands services shall be provided at a rate negotiated by the AAA and Home care Agency to eligible unpaid caregivers who have primary responsibility for the care of a MAC or TSOA care receiver or eligible individuals enrolled in the TSOA program. Housework and Errands services authorized to be performed by home care agency workers shall be for the purpose of: a) Providing housework for household areas normally cleaned by the caregiver; and b) Completing errands for those trips that the caregiver is unable to perform due to caregiving.

Specific type of housework tasks and errands to be performed shall be determined by the unpaid caregiver or eligible individuals enrolled in the TSOA program and identified in the care plan. Housework and Errands tasks cannot duplicate what is authorized under personal care or respite.

Housework authorized may include:

- cleaning kitchens and bathrooms;
- sweeping, vacuuming, and mopping floors;
- dusting furniture;
- assistance with laundry (washing, drying, ironing and folding clothes);
- changing bedsheets and making the bed;
- cleaning ovens;
- washing interior windows and walls of areas of the home used by the Caregiver and/or client;
- defrosting freezers.

Errands authorized may include brief, occasional trips to local stores to pick up prescriptions and/or medical/personal care necessities, and other purposeful shopping requests.

Household tasks not included in Housework & Errands service:

- Personal care tasks (e.g. assistance with bathing, shampooing, or other personal hygiene/grooming needs);
- Yard work;
- Minor home repairs
- External house cleaning or maintenance
- Splitting/carrying wood
- Pet Care
- Any task that requires skills not usual to a homemaker

Heavy cleaning may be provided as a Housework & Errands service when extraordinary cleaning is required, such as, moving furniture in order to clean, and deep cleaning. Heavy housework will be identified in the care plan and authorized at the rate negotiated by the AAA and Home care Agency. Home care agencies may opt out of providing specific heavy cleaning tasks if there is a health and safety concern.

Services Authorized Through ProviderOne:

The services authorized will be communicated to the Agency via the CARE Assessment Details and Service Summary documents or the MTPD care plan. The Agency will receive communication of the authorized units, client responsibility (formerly known as participation), and the start and end period of the authorization on the ProviderOne authorization list page for newly authorized clients receiving personal care services or Skills Acquisition Training under Home and Community Services (HCS) and/or Developmental Disabilities Administration (DDA) Medicaid State Plan (Community First Choice or Medicaid Personal Care), New Freedom Waiver, Chore, Adult Protective Services, Roads to Community Living (RCL), Tailored Supports for Older Adults (TSOA), Medicaid Alternative Care (MAC) or Veteran Directed Home Services (VDHS).

Any subsequent changes to authorizations will be communicated via ProviderOne. ProviderOne information will include the following:

1. The name of the client to whom the Agency is authorized to provide service;
2. The type and maximum number of service units the Agency is authorized to provide;
3. The rate and the unit type;
4. The time period the Agency is authorized to provide service; and
5. Other pertinent information on invoicing and taxes.

Services Authorized Outside ProviderOne:

Alternative authorization paperwork will be issued for authorizations not referenced above including Family Caregiver Support Program AAA Respite, Housework & Errands and SCSA In-home Care. The Agency shall take appropriate action to monitor the number of units provided in relation to the number of units authorized for each client and assure through documentation that services are in fact being delivered.

Family Caregiver Support Program

The goal of the Family Caregiver Support Program is to meet the needs of the primary unpaid caregiver, by providing short-term relief to prevent burnout and role fatigue, and by lending support during periods of crisis. This temporary service improves and extends the care provided by the primary, unpaid caregiver and prevents premature institutionalization of the care receiver.

TCARE® quantifies information received from the family caregiver and identifies strategies to alleviate caregiver burden and stress. After completion of an assessment, a caregiver is eligible to receive services associated with the selected strategies identified in TCARE®. The caregiver works with the TCARE® assessor to develop a plan of care based on targeting the most appropriate and timely services to address unmet needs.

All services authorized will be communicated to the Agency via TCARE® Information for Respite Care Service Providers and Respite Service authorization documents. Services will be provided in the client's home unless authorized and written into the client's TCARE® information for Respite Care Service Providers. The Agency may not modify in any way the type and amount of authorized service without prior approval from ADS or an ADS subcontracted case management provider.

Eligible care receivers are required to pay part, or all the cost of services based on their monthly income. The TCARE® assessor will determine the percentage rate the participant is required to pay towards the cost of the respite care services.

Requests for respite care which are of an emergent nature shall have priority. The amount of service will be based on the caregiver's need and the available resources as determined and authorized by a TCARE® assessor. In the provision of emergency service, the Agency will make reasonable effort to respond. This applies only if requests are made during regular weekday business hours.

The specific services to be purchased through the Agency are Respite Care or Housekeeping and Errands. See service descriptions below:

Respite Care: Help with activities of daily living (ADLs), e.g., lifting, turning, transferring, dressing, eating, walking, medication reminders, personal hygiene, bathing, meal preparation, etc.

Housekeeping and Errands: The caregiver must be present at the time services are delivered. The Agency may provide tasks in addition to those listed below as requested

by the caregiver only with the written authorization of the Caregiver Services Coordinator/Case Manager.

Eligible housekeeping tasks authorized for H&E Services may include:

- cleaning kitchens and bathrooms
- sweeping
- vacuuming
- mopping
- dusting
- laundry of the caregiver and/or care receiver
- cleaning ovens
- once a year washing of interior windows and walls in areas of the home used by the family caregiver and/or care receiver
- defrosting freezers

Eligible errands authorized for H&E Services may include:

- Trips to the bank with the caregiver
- Trips to the post office with or without the caregiver
- Brief occasional trips to local stores with or without the caregiver:
 - to pick up prescriptions
 - to purchase medical or personal care necessities
 - to purchase groceries

Household tasks **NOT** included in H&E Services:

- Personal care tasks (e.g. assistance with ADLs such as bathing, dressing, or other personal hygiene/ grooming needs)
- Meal preparation
- Pet care
- Yard Work
- Minor home repairs
- External house cleaning or maintenance
- Splitting/carrying wood
- Any task that requires skills not usual to a homemaker or requires use of large equipment

The Agency will implement and enforce appropriate policies and procedures for transportation while completing errands services, including required automobile insurance, valid driver's license, and mileage reimbursement for the home care aide. The Agency will implement and enforce appropriate policies and procedures for cash handling when completing errands services.

The Agency shall take appropriate action to monitor the number of hours provided in relation to the number of hours authorized for each client and assure through documentation that services are in fact being delivered. Primary documents will be time sheets and task sheets on which clients and home care workers certify and supervisors verify the hours of service delivered and tasks performed.

The Agency will provide planned and emergency respite services. The amount of service will be based on the caregiver's need and the available resources as determined and authorized by a TCARE® assessor from ADS or an ADS subcontracted case management provider.

To ensure appropriate provision and coordination of services, the Agency will inform ADS or other referring agency of any changes in a client's condition or need so that follow-up may be provided. The Agency will inform the ADS Program Specialist of any changes in program service capability.

B. Client Assessment Details, Service Summary and Agency's plan of care

The Medicaid funded client's CARE Assessment serves as the basis for functional eligibility and level of benefit determination. The CARE Assessment Details and Service Summary may be used as the Agency's Home Care Plan of Care if it covers all the Department of Health Plan of Care requirements. If all the requirements are not met, an addendum or cover sheet with remaining requirements is acceptable.

The agency must sign (within a reasonable time frame) the CARE Service Summary that is in "Current" status when the provider is added to the plan of care. Then again if there is a change in the agency's task assignment. The Agency will determine who the appropriate staff member(s) is to sign client service summaries. The Agency must return signed Service Summaries signature pages to the AAA Case Manager or HCS Social Service Specialist DDA Case Resource Managers as soon as possible, using a method that protects the client's protected health information (e.g. secure email, fax, mail etc.)

The Agency may develop its own "Home Care Agency Plan of Care" provided it meets Department of Health requirements (WAC 246-335-440) and includes at least the detail included in the CARE assessment Details (caregiver instructions), and service summary.

For Long Term Care Respite clients, assessed in the Tailored Caregiver Assessment and Referral TCARE® System. Agency will receive a client summary form, TCARE® Information for Respite Care Service Providers. Agency may use the TCARE® Respite Care form with their addendum (including, specific tasks to be performed by the home care agency worker, as well as pertinent health, medical, other significant client care information and caregiver instructions) to ensure Department of Health Home Care Plan of Care requirements are met or develop its own "Home Care Plan of Care". The Agency is only required to address the Respite Care portion of the full TCARE® Plan. A TCARE® assessment is not required to provide Roads to Community Living (RCL) Respite services; CARE will be used for these clients.

C. Staff and Service Implementation

The Agency shall employ a staff sufficient in size to ensure that authorized clients receive services in a timely manner. All staff shall have agency identification while working with clients.

As outlined in their CARE Assessment Details, clients may also qualify for services to be delivered:

1. For periods as short as one (1) hour;
2. In the evening;
3. During the weekend; or
4. On holidays.

The Agency is expected to develop the knowledge and capacity necessary to address the personal care needs of such individuals and to match the needs of clients to the skills of assigned home care agency worker. The Agency shall consider the client's input when assigning a home care agency worker. Services are to be provided appropriately to the cultural context of the client and in a manner consistent with protecting and promoting the client's dignity, health and welfare. The Agency shall work to minimize changes in the home care agency workers assigned to a specific client to maximize continuity of care.

Worker

Before beginning work for every client, the Agency will review the client's plan of care with every assigned home care agency worker. The Agency will attempt to provide in-person review of the plan of care with each home care agency worker and document the reason when an in-person review was not possible. Each home care agency worker will acknowledge with a signature and date that they have reviewed the client's plan of care, except an agency supervisor can sign and date for a substitute worker. Annual updates and all other changes to the plan of care will also be reviewed with the home care agency workers as soon as possible by telephone or in-person but at least within one (1) week of the beginning of any change in services impacting health and safety of client. The home care agency worker must sign an acknowledgement of orientation to plan of care within one calendar month of Agency receiving the plan. The plan of care may be reviewed with both the client and the assigned home care agency workers at the initial home visit and subsequent supervisory home visits.

When specified in the client's plan of care, the Agency home care agency worker will accompany a client to medical appointments using public transportation, or insured private vehicle, provided the home care agency worker has a valid driver's license. Mileage reimbursement is built into the home care agency vendor rate. This service shall not replace nor be a substitute to the Medicaid Transportation Broker available to the client through the use of the client's Medical Identification Card. This service is in addition to the Medicaid Transportation Broker and the Medicaid Transportation Broker should be accessed first. The Agency home care agency worker will accompany a client for essential shopping or to support the client in their immediate community when personal care is needed to access the community integration when specifically listed in the clients care plan using 1) public transportation or 2) insured private vehicle, as outlined in the client's plan of care, provided the home care agency worker has a valid driver's license. Home care agencies may choose to create policy around transportation related to community integration.

The Agency will have policies and procedures ensuring proper handling of client funds when shopping is provided by the home care worker.

Substitute home care agency workers

The Agency shall provide a substitute home care agency worker in the event that the regularly scheduled home care agency worker fails to arrive at the client's home. The substitute shall arrive at the client's home within twenty-four (24) hours after the original home care agency worker was scheduled, unless otherwise agreed to by the client.

If lack of immediate care would pose a serious threat to the health and welfare of the client, the substitute home care agency worker shall be available for service within four (4) hours. Client case records must reflect service attempts, client contacts regarding absence of regularly scheduled home care agency worker, and notations when substitute home care agency workers serve the client.

If the required shift start time makes it impractical to conduct an in-person review of the plan of care with the substitute home care agency worker a telephone review between the substitute worker and an agency's supervisor may be completed. The telephone review of the care plan must be documented in the client case record.

If the Agency is not able to provide a substitute home care agency worker for a client in need of essential services, the agency will immediately notify the Case Manager/Social Worker.

Non-emergency Referrals

For non-emergency situations, services shall begin, unless the client situation prohibits, within seven days of receipt of the Provider One authorization. If services do not begin within seven days of receipt of the authorization the agency must document the reason why and ensure coordination with the authorizing case manager so the client may be given the option of selecting another provider agency, or with the approval of the Case Manager/Social Worker, establish an alternative start date. Prior to beginning services in non-emergency situations, the Agency shall conduct an initial home visit with the client to determine in-home care service implementation based on the CARE Assessment unless otherwise arranged with client and the client's Case Manager/Social Worker.

Urgent Referrals

For situations when the care needs are critical to the client's health and/or safety, the Agency is required to begin services within twenty-four (24) hours of referral. Upon receipt of the CARE Assessment, the Agency may provide services to address urgent needs prior to the home care agency's initial home visit. Within three (3) business days of receipt of authorization, unless otherwise arranged with client and Case Manager/Social Worker, the Agency shall conduct an initial home visit with the client and client's family and/or representatives to determine in-home care service implementation based on the CARE Assessment.

Family Caregiver Support Program

Each client shall be screened and assessed to determine if Family Caregiver Support Program

services are needed. The assessment may be done in person or over the telephone by either a Caregiver Services Coordinator/Case Manager or TCARE® Certified Assessor. Once the caregiver and client are determined eligible, the Caregiver Services Coordinator/Case Manager and caregiver will discuss appropriate Agency options based on client needs, Agency ability to staff and geographical area.

The Caregiver Services Coordinator/Case Manager will make a referral to an Agency via telephone or other method. If the Agency accepts a referral, it agrees to provide the needed service as authorized and scheduled by the Caregiver Services Coordinator/Case Manager. The Agency will accept TCARE ® Information for Respite Care Service Providers as the intake assessment by the referring Caregiver Services Coordinator/Case Manager. In consultation with the Agency and caregiver, the Caregiver Services Coordinator/Case Manager establishes the initial services schedule for the client and faxes the first monthly Respite Services Authorization form to the Agency.

For non-emergency situations, the Agency is required to begin services by the first date on the Respite Services Authorization form. If the Agency is unable to serve the client, the client's Caregiver Services Coordinator/Case Manager shall be notified immediately so that the client may be given the option of selecting another provider agency, or with the approval of the Caregiver Services Coordinator/Case Manager an alternative start date is established.

ADS does not guarantee a specific number of service hours will be referred to the Agency. The Agency has the right to refuse referrals if not able to provide appropriate services.

The Agency shall employ a staff sufficient in size to ensure that authorized clients receive services in a timely manner. The Agency should anticipate personal care referrals for clients with diverse needs including, but not limited to, complex medical and psychosocial issues, as well ethnic minority and non-limited English-speaking populations, or who reside in rural, isolated and difficult to serve areas. Clients may also require services to be delivered in the evening, during weekend and on holidays as outlined on their service plan. The Agency is expected to develop the knowledge and capacity necessary to address the personal care needs of such individuals and to match the needs of clients to the skills of assigned home care workers. Services are to be provided appropriately to the cultural context of the caregiver and client and in a manner consistent with protecting and promoting their dignity, health and welfare. The Agency shall work to minimize changes in the home care workers assigned to a specific client to maximize continuity of care.

Scheduling Family Caregiver Support Program Referrals

1. The caregiver will contact the Caregiver Services Coordinator/Case Manager to request services, usually on the 15th of the month preceding service.
2. The Caregiver Services Coordinator/Case Manager will verify authorization and ensure that funding is available to authorize care.

3. The Caregiver Services Coordinator/Case Manager will send the monthly Respite Service Authorization form to the Agency by the 25th of the month preceding service, to the extent possible.
4. The Agency will notify the Caregiver Services Coordinator/Case Manager if there are any anticipated difficulties in staffing the authorized monthly services. Alternate or temporary service arrangements shall be made in consultation with the Caregiver Services Coordinator/Case Manager.

The Agency may not implement any change in the authorized service plan unless authorized by ADS or an ADS subcontracted case management provider. Minor changes in service schedule can be made as agreed between the Agency and the caregiver as long as the change meets the service plan. The authorizing entity shall be advised when there are changes in scheduling that impact the Agency's ability to meet a caregiver and client's needs. The Agency shall contact the client's Caregiver Services Coordinator/Case Manager if information becomes available which indicates a need for a change in the type or amount of service authorized.

D. Minor Changes in the Service Plan

The Agency may not implement any change in the authorized CARE Assessment Details and Service Summary unless authorized by DSHS or the AAA. Minor changes in the service schedule can be made as agreed to between the Agency and the client as long as the change meets the needs described in the service plan.

The Case Manager/Social Worker shall be advised when there are changes in scheduling that impact the Agency's ability to meet a client's needs. The Agency shall contact the client's Case Manager/Social Worker if information becomes available which indicates a need for a change in the type or amount of service authorized and when there is a change in the client's condition, needs or living situation.

E. Inability to deliver service

The Agency shall develop a method of assuring that its home care agency workers report to the Agency whenever the scheduled service episode is not accomplished due to the client not participating. This includes but is not limited to hospitalizations, vacations, not answering the door, turning the home care agency worker away, etc. The Agency will inform the Case Manager/Social Worker when the client's absence may result in a change in client condition, or adversely impacts the ability of the home care agency to deliver services as outlined in the CARE Assessment_Details.

The Agency must notify the Case Manager/Social Worker when a client consistently declines assistance with authorized tasks and/or consistently declines the number of units authorized to meet the client's needs.

F. Semi-annual supervisor in-home visits

The supervisor from the Agency providing services to DSHS/AAA clients is required to meet with the client in their place of residence at least once every six (6) months following the initial home visit. The purpose of the visits are to assure the plan of care is reviewed, accurate and meeting the client's needs. The Agency must contact the Case Manager/Social Worker if any changes are needed to the plan of care or if authorized task(s) and/or units are no longer being provided or needed.

G. Client case record documentation

The Agency shall comply with WAC 246-335, the Health Insurance Portability Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act and other regulations regarding privacy and safeguarding of client health information. At a minimum, the Agency shall maintain the following documentation:

1. DSHS/AAA/DDA assessment details and service summary with access to client authorizations upon request;
2. Agency Home Care Plan of Care with schedule*;
3. Release of Information, when there is evidence of information sharing outside of covered entity;
4. Client Consent to Services*;
5. Verification that a written bill of rights was given*;
6. Verification of client receipt of grievance policy and procedure*;
7. Client responsibility if applicable*;
8. Progress notes related to delivery of services to the client. Progress notes, all client records and related records authored by the Agency are to be kept in a legally acceptable manner. For paper progress notes this includes correction to the record with a single line through the error, noting the error, the date of correction and the signature or initials of the person correcting the record. Using white out to obscure original comments and use of pencil are not considered legally acceptable documentation. If electronic progress notes are kept, there must be a tamper-resistant means of recording when the note was entered (such as automatic date-stamping) and identifying the person making the note (such as individual user ID's and hardened passwords); notes may not be deleted or edited; corrections must note date and person making the correction: and
9. Evidence of initial and six (6) month home visits.

* These items may be individual or combined documents.

H. Verification of time and task performance

Primary documents for clients under the Medicaid funded programs will be electronic timekeeping records and task sheets on which clients and home care agency workers certify and supervisors verify the units of service delivered and the tasks performed.

Home care agencies must electronically verify all employee units for in-home personal care, respite services or skills acquisition training services provided under Title 71A RCW or chapter 74.39A RCW. For purposes of this section, "electronic timekeeping" means an electronic, verifiable method of recording an employee's presence with the client at the beginning and at the end of the employee's shift. In limited circumstances, when electronic verification with an individual client is not possible, agencies must use an alternative method of verification. Circumstances when electronic verification is not possible include only the following:

1. When a client does not have a telephone or telephone service is not available and an alternative form of electronic verification is not feasible; or
2. When the worker cannot access the electronic verification system because the client's telephone is temporarily unavailable due to client related circumstances and an alternative form of electronic verification is not possible.
3. When corrections are input into the electronic verification system manually due to worker error, worker delay or system issues.

Use of a home care agency worker's cell phone or other device is an acceptable method of electronic verification when the electronic timekeeping system is able to verify the worker is in the presence of the client or when used in the following situation:

1. The worker's cell phone is only used when the client's telephone is not available;
2. No alternative forms of electronic verification are feasible;
3. The worker's cell phone is used in conjunction with electronic timekeeping system to verify the worker's presence with the client at the beginning and end of the shift.

The home care agency must maintain all records related to electronic timekeeping, alternative verification, or manual corrections and provide these records to the appropriate department or designee staff for review when requested.

When electronic timekeeping was not possible, the home care agency must maintain accurate records documenting (a) the reasons it was not possible and (b) when manual corrections or amendments have been made to the electronic record. The documentation must contain the following:

1. Verification by the client/authorized representative of the reason electronic verification was not possible. The client's signature on a paper timesheet or

documented verbal approval by the client with an agency supervisor would satisfy this verification requirement.

2. Verification by the client/authorized representative of all units that are not electronically verified or that are corrected or amended in the electronic timekeeping system, including the start and end time and total units worked. The client's signature on the paper timesheet or documented verbal approval by the client with an agency supervisor would satisfy this verification requirement.

3. Manual changes to the electronic timekeeping record must be permanently identified in the electronic record. Home care agencies without the ability to identify changes within the electronic record may temporarily use a separate worksheet to log changes until a system can be implemented that permanently identifies manual changes.

4. If a paper timesheet is used it must clearly indicate the start and end times as well as the total number of units worked for each visit. The paper timesheet may cover a period not to exceed one month. For clients with more than one home care aide, each home care aide will have a separate timesheet. The client must initial the total number of units worked each home visit as well as sign and date the paper timesheet at the end of the period covered. A client's inability to sign a time sheet on a regular basis shall be documented in the client file and another method of client verification shall be utilized.

The Agency must have a written policy and procedures related to electronic timekeeping, which include, but are not limited to:

1. How home care workers and other agency staff will be notified of the electronic timekeeping requirement and what action(s) will be taken for non-compliance;
2. How the client will be notified of the electronic timekeeping requirement;
3. Procedures and required documentation that must be used when electronic timekeeping is not available or possible.

Family Caregiver Support Program

Home care agencies must electronically verify all employee units for in-home personal care or respite services provided under Title 71A RCW or chapter 74.39A RCW, **except** for Family Caregiver Support Program Respite RCW 74.39A-325. In lieu of electronic timekeeping, the client shall sign a time sheet that clearly shows the start and end times as well as the total hours worked for each respite episode. The Agency shall obtain the client acknowledgement (usually a client initial) on a task sheet at the end of each work period for the tasks completed. The client shall sign the task sheet at the end of the task sheet period. The period may vary by the Agency but may not be longer than one month. A client's inability to sign tasks sheets on a regular basis shall be documented and another method of client verification shall be utilized.

I. Verification of Time Using Electronic Visit Verification (EVV) After January 1, 2020

The 21st Century Cures Act is a federal law that requires certain Medicaid funded personal care services to electronically capture the following data elements for each period worked.

- Type of service performed
- Individual receiving service
- Date of service
- Location of service delivery at beginning and end of service
- Individual providing service
- Time the service begins and ends

This process is known as Electronic Visit Verification (EVV). EVV requirements under the 21st Century Cures Act become effective January 1, 2020. DSHS and the Washington Health Care Authority are responsible for establishing the requirements and data collection standards for EVV in Washington. In preparation for the implementation of EVV in Washington, DSHS has published the "WA EVV Implementation Guide for Home Care Agencies" which can be located at

<https://www.dshs.wa.gov/altsa/stakeholders/electronic-visit-verification>

On August 8, 2019, the Centers for Medicare and Medicaid Services (CMS) published an Informational Bulletin that provides states with additional flexibility in establishing EVV requirements. This Informational Bulletin can be located at

<https://www.medicaid.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

DSHS has decided to postpone the finalization of EVV requirements to allow stakeholders and partners additional opportunity to provide feedback on the newly released CMS guidance. Once this process is complete, DSHS will publish official EVV requirements through a Management Bulletin (MB). AAAs may choose to amend this section of the Statement of Work once DSHS releases final EVV requirements. Home Care Agencies providing personal care authorized through ProviderOne are required to meet all EVV requirements set by DSHS, including those communicated through MB. Home Care Agencies should use the "WA EVV Implementation Guide for Home Care Agencies" as basis for developing their EVV systems with the understanding that there could be modifications to the requirements based on the August 8, 2019 CMS Informational Bulletin.

J. Task Sheets

A form (electronic or paper task sheet) verifying task performance shall be kept for every client under the Medicaid funded programs served by the Agency and must clearly indicate what tasks were completed/performed during each home visit. The task performance verification form may cover a period not to exceed one month. The Agency shall obtain client confirmation (usually initials, if paper) on the task performance verification form at the end of each home visit for the tasks completed. The client shall

sign or authenticate the task performance verification form at the end of the period covered. For purposes of this section authenticate means a unique identifier verifying accuracy of information.

An alternate method of client confirmation shall be utilized when a client is unable to sign task performance verification forms. The inability to sign task performance verification forms and the alternate method of confirmation shall be documented in the client's file.

K. Service area & referrals

The Agency shall serve clients throughout the service area as defined in the contract as well as to provide service to clients requiring evening, weekend and/or holiday service. The Agency shall establish and implement written policies regarding response to referrals and access to services. The evidence of effort will include written documentation of recruitment activities throughout the defined service area.

The Agency shall have a staffed office in the local Area Agency on Aging service area. Each local office in the service area will be staffed with supervisory/administrative staff who has demonstrated experience in the care of people with medical complexity and/or functional disability. The office will have a telephone number with local area code and/or toll-free number to ensure client and worker access.

The Agency agrees to accept all referrals within the defined service area. If current staffing does not allow for commencement of service within the timeframes outlined in section C. Service implementation: staff/service implementation, the Agency must notify the referring Case Manager/Social Worker when service could begin. Alternate or temporary service arrangements shall be made in consultation with the Case Manager/Social Worker.

L. Incidents/accidents during service delivery

The Agency shall develop a written plan of specific procedures to be followed in the event a client becomes ill, is injured or dies while being served by the home care agency worker. The written plan shall include reporting and documentation of:

1. Details of actions taken;
2. Identification of potential training needs;
3. Outcomes/evaluation; and
4. Notification to the client's Case Manager/Social Worker within one (1) work day of an incident that might result in changes to the CARE Assessment Details and Service Summary or the amount of services authorized.
5. For Family Caregiver Support Program clients, the Agency supervisor will complete an Incident Report Form found here: <http://www.agingkingcounty.org/wp-content/uploads/sites/185/2018/05/Respite-Care-Program-Incident-Report.docx>. A copy of the Incident Report will be sent to the ADS Program Specialist within 24 hours

of the incident. A copy will be retained in the Agency's files.

Examples of client incidents that might result in changes to the CARE Assessment and Service Summary or the amount of services authorized include but are not limited to:

1. Reports made to Adult Protective Services, Child Protective Services, and or law enforcement;
2. Illness resulting in consultation with emergency medical personnel;
3. Injury (to self or others) resulting in the need for medical assistance;
4. Falls resulting in the need for medical assistance;
5. Unusual, unanticipated changes in behavior;
6. Threats to others;
7. Threats to self (suicidal behavior and/or thoughts);
8. Accidents during transportation;
9. Ongoing misuse of medications;
10. Suspected criminal activity; and
11. Death.

M. Disaster Response

The Agency shall have a written plan for serving currently authorized clients during periods when normal services may be disrupted and how business operations will continue. This may include natural or manmade disasters/emergencies (significant power outages, earthquakes, floods, snowstorms, pandemic illness, etc.)

The plan needs to pay particular attention to those clients who are at most risk and include:

1. Criteria used to identify those clients who are at most risk;
2. Procedures to contact high risk clients and referral to first responders as needed;
3. Emergency communication methods and procedures; and
4. Communication procedures with DSHS/AAA to report operational status.

The Agency shall participate in coordination of Disaster/Emergency Response Plans with the AAA.

In the event of a natural or man-made disaster, the Agency shall make reasonable efforts to contact all clients beginning with those who have been determined to be most at risk. The Agency shall coordinate service delivery with emergency personnel and other agencies providing in-home care services to best meet the immediate and emergent needs of clients. Through the duration of the disaster the Agency shall continue to contact clients at least weekly who have declined services to offer services and identify significant changes in condition.

N. Identification cards to enter a client's home

The Agency shall provide to its home care agency workers identification that indicates they are employees of the Agency. The identification must include the agency name and at least the home care agency worker's first name. The home care agency worker must also have some form of picture identification to show the client. The Agency must have a system for collecting identification materials

O. Mandated reporting

All employees of the Agency are mandatory reporters of abuse and neglect of vulnerable adults and children as required under RCW 74.34.035, RCW 74.34.020 and RCW 26.44.030. The employee and the Agency must immediately report all suspected incidents to the appropriate protective services and shall not impede or interfere with any DSHS or law enforcement investigation. When there is reason to suspect that the death of a vulnerable adult was caused by abuse, neglect, or abandonment by another person, mandated reporters shall, pursuant to RCW 68.50.020, report the death to the medical examiner or coroner having jurisdiction, as well as the department and local law enforcement, in the most expeditious manner possible. Agency employees shall not be discouraged from reporting suspected incidents by any other Agency employee. Suspected incidents that must be reported are defined in RCW 26.44.020 and 74.34.020 and include:

1. Physical abuse;
2. Sexual abuse;
3. Mental/emotional abuse;
4. Neglect by others;
5. Self-neglect;
6. Exploitation including financial, sexual; and
7. Abandonment.

The Agency shall document all Adult Protective Services/Child Protective Services referrals and notify and the authorizing agency within one business day that a report has been made.

P. Discharge or transition of clients

The Agency shall have a written policy regarding the discharge of clients and coordination of care related to any discharge or termination of service. The Case Manager/Social Worker shall be notified by the Agency when a client is being considered for

discharge/termination. Clients and Case Manager/Social Worker shall be given at least a two-week written notice prior to discharge unless client and/or home care agency worker safety is the reason for the discharge. The Agency shall cooperate in any transition of a client to or from the Agency to assure continuity of care.

Q. In-home nurse delegation

The Agency shall have a written policy regarding in-home provision of delegated nursing tasks which is an optional service that may be provided. If the Agency chooses to provide delegated nursing tasks it will ensure that home care agency workers receive state mandated nurse delegation training before nurse delegation can be implemented. The Agency not offering delegated in-home nursing tasks must have policies in place that describe how they respond to referrals that include in-home nurse delegation and how to coordinate care of current clients receiving in-home nurse delegation from another qualified provider.

II. PERSONNEL

A. Criminal background checks

The Agency shall require a fingerprint-based background check through the DSHS Background Check Central Unit (BCCU) for each new home care agency worker hired on or after January 8, 2012 who will have unsupervised contact with persons with developmental disabilities or vulnerable adults as defined in RCW 43.43.832(1). This background check includes a Washington State Name and Date of Birth check and an FBI fingerprint-based check.

For information on the BCCU background check system and process visit www.dshs.wa.gov/bcs.

Newly contracted agencies shall use a Developmental Disabilities Administration (DDA) and or Aging and Long-Term Support Administration (AL TSA) BCCU account number. If providing services to both DDA and AL TSA clients a BCCU account number from each administration is required. MB H14-050 provides directions on when to use each account.

Agencies are only permitted to use their Developmental Disabilities Administration or Aging and Long-Term Support Administration BCCU account numbers for employees that may be performing work under this contract.

Washington State Name and Date of Birth checks are required every two years minus one day from the date listed on the BCCU Results letter check. If the home care agency worker lived out of Washington State during this two-year period, a FBI fingerprint-based background check must be completed as required in RCW 43.20A.710.

Background checks may be completed using the printed DSHS Background Authorization form (09-653). The signed and dated authorization form will be placed in the workers file. Agency will provide to the applicant the Fingerprint-based Background Check Notice Form 27-089. The applicant must also sign and date this form. A copy is given to the applicant and a copy is retained in the workers file.

Effective July 25th, 2014, a new WAC chapter 388-113 established a uniform standard of background check rules for ALTSA and DDA. Amendments have also been made to WAC 388-71-0500, 0510, 0513, 0540, 0546, and 0551. See [MB H14-050](#) Consolidation of Background Check Rules across ALTSA and DDA for further details.

Background Check Review Process is listed below:

- The signed and dated Background Authorization form can be completed online or the agency can input online for the worker after receiving the signed and dated background check authorization form from the worker.
- The signed and dated fingerprints check form will be placed in the workers file with a copy given to the worker.
- BCCU will provide a Background Check Results letter that is now called Notification of Background Check Results and will provides results of the Washington State Name and Date of Birth check to the Agency, including the identifying Originating Case Agency (OCA) (Inquiry ID) number that is required for the FBI fingerprint-based portion of the background check.
- If the home care agency worker is not disqualified based on the name and date of birth portion of the background check, the Agency completes the FBI fingerprint-based check by using the OCA number and the Fingerprint Appointment form to schedule a fingerprinting appointment with Morphotrust, the electronic fingerprinting company that is contracted with DSHS to complete electronic fingerprinting.
- DSHS will be billed for all fingerprinting completed through Morphotrust. If the Agency decides to use a different DSHS approved fingerprinting vendor, such as law enforcement, the Agency will be responsible for the cost.
- BCCU will receive the fingerprints, submit them to the Washington State Patrol-WSP and FBI, and send the Notification of Background Check Results to the Agency.
- Background check results are clearly listed as one of the following:
 - No Record
 - Review Required
 - Disqualify
 - Additional Information Needed

Notification of Background Check Results Summary		
New Letter Language	Intent of the Letter	Action Needed
NO RECORD	The applicant has No-Record.	Applicant can be contracted/authorized payment; or hired by the Home Care Agency (HCA).
REVIEW REQUIRED	The applicant has a record but the information reported is NOT automatically disqualifying.	Complete Character, Competence & Suitability Review.
DISQUALIFY	The applicant has an automatically disqualifying conviction, pending charge, or negative action and they cannot have unsupervised access to DSHS clients.	The applicant cannot be contracted/authorized payment; or hired by the HCA. If the applicant doesn't agree with the results of the background check, instructions for correcting background check records can be obtained on the BCCU website or by calling BCCU at 360-902-0299.
ADDITIONAL INFORMATION NEEDED	More information is required for BCCU to make a decision.	Result of Name/DOB check: Applicant cannot be contracted/authorized payment; or hired by the HCA until the applicant provides more info to BCCU. Result of fingerprint check: Applicant can work through a provisional hire but must submit the needed information to BCCU and resolution must be reached by the 120 th day. Result of renewal: Applicant must submit the needed information to BCCU and resolution must be reached within 30 days. Renewal/Recheck timeframes must still be met.

- More details about the background check results letters can be found in MB H15-070. A list of disqualifying convictions and negative actions can be found here: <http://dshs.wa.gov/bccu/bccucrimeslist.shtml> and or listed in WAC 388-113-005 through 388-113-0040 The WSP may reject a home care agency worker's fingerprints for many reasons, and the worker must immediately schedule another appointment for fingerprinting. The WSP may request repeated fingerprints until they determine that they have received the best prints possible.

- The WSP then sends the fingerprints to the FBI. The FBI may reject prints twice before they determine that they will complete a federal name and date of birth check. ***BCCU will inform you when they receive the final decision by the WSP/FBI.***

The Agency shall utilize a secure fax number. A secure fax number is not in a hallway, reception area or other public area. It is also checked routinely throughout the day with limited access to staff. Detailed instructions for how the Agency completes formal background check requirements can be found on the AL TSA background check web page.

The Agency who needs to provisionally hire a home care worker immediately (BEFORE getting the results from the WA State Name and Date of Birth check) has the option of doing a Washington Access to Criminal History (WATCH) check. The WATCH check does NOT replace the WA State name and date of birth check or any of the fingerprint-based requirements for home care agency workers. Instructions for completing a WATCH check can be found at: <https://www.dshs.wa.gov/altsa/background-checks-watch>. Home care agency workers can continue to be provisionally employed for a total of 120 days if they also pass the Washington State Name and Date of Birth check, pending completion of the FBI fingerprint-based background check. These are the conditions Agencies must meet to provisionally employ a home care agency worker:

1. Complete a Background Authorization form in the Background Check System.
2. Complete a WATCH background check prior to the individual being assigned to work for a client and that WATCH background check shows no disqualifying convictions or pending charges; and

The Agency must consider character, competence and suitability of all home care agency workers and staff who will have unsupervised access to clients as required in RCW 43.20A.710(6). Character, competence, and suitability reviews for agency workers with non-disqualifying convictions and negative actions must be conducted after receipt of each criminal history background check and documented in the home care agency worker file.

The Agency shall not be paid for any services provided by a home care agency worker who has been:

1. Working in unsupervised capacities with DSHS-HCS and or DDA clients and have disqualifying convictions or negative actions found in WAC 388-113-0020 and corresponding statute;
2. Has a substantiated finding of abuse, neglect, or exploitation by either Adult or Child Protective Services;
3. The subject in a protective proceeding under RCW 74.34.

Disqualifying crimes are outlined in RCWs 43.43.830 and 43.43.842. Abuse, neglect and exploitation are defined in RCWs 26.44.020 and 74.34.020.

The Agency shall complete additional disclosure statements or background inquiries for an individual having direct contact with persons with developmental disabilities or vulnerable adults if the Agency has reasonable cause to believe the home care worker had disqualifying offenses occur since completion of the initial criminal background inquiry. At minimum, the Agency must obtain a completed disclosure statement and a completed background check through the DSHS BCCU every two years. The Agency may require a home care worker to have a Washington State name and date of birth background check or Washington State and national fingerprint based background check, or both at any time. The Agency will develop a policy outlining the basis for determining when background checks will be done more frequently than every two years.

B. Training and Certification of home care agency workers

The Agency shall ensure all home care agency workers who provide care to state funded clients are qualified to provide care, which requires assurance workers meet all required long-term care worker orientation, training or certification requirements within specified timeframes. The Agency shall not employ or continue to employ a home care agency worker who does not meet those requirements and will not be reimbursed for services provided by unqualified staff.

1. Certification

Home care agency workers are considered long term care workers and must meet the Home Care Aide or other qualifying credentialing requirements, (unless they meet the exemptions) RCW 18.88b, WAC 246-980 and WAC 388-71.

Agency non-exempt home care agency workers are to be paid for time spent attending all required trainings. Exempt home care agency workers are paid for time spent attending required continuing education. Reimbursement for training will be based on an allocation of training costs across all the Agency's applicable funding sources.

2. Training/Certification Exemptions

Exemptions from obtaining a home care aide certification can be found in WAC 246-980-025. Exemptions from the seventy hour, thirty hour or twelve hour basic training requirement can be found in WAC 388-71-0839. Exemptions from the continuing education requirements can be found in WAC 388-71-1001. Effective July 28, 2013 registered, advanced registered nurse practitioner and licensed practical nurses are exempt from the CE requirement.

It is the responsibility of Agency to verify and document that workers hired after January 7th 2012 meet the training and certification exemption criteria prior to employment with the Agency.

3. Training

The Agency shall ensure the following trainings for their non-exempt home care agency workers shall be obtained through SEIU Healthcare NW Training Partnership or an ALTSA

contracted Community Instructor as found on [Find a class or \(https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx\)](https://fortress.wa.gov/dshs/adsaapps/Professional/training/training.aspx)

- a) Orientation/Safety Training;
- b) Basic Training (core competencies and population-specific competencies);
- c) Continuing Education;
- d) Nurse Delegation Training, when applicable; and/or
- e) Nurse Delegation: Special Focus on Diabetes, when applicable.

The Agency may train their own home care agency workers if they contract with AL TSA as a Community Instructor.

The Agency shall provide on-going training on agency policy and procedures.

The specific training components include:

Orientation/Safety training is to provide basic introductory and workplace safety information appropriate to the in-home setting and population served. Agency home care agency workers must complete a minimum of two (2) hours of Orientation and three (3) hours of Safety Training before providing services to any client.

Basic training provides seventy (70) hours of in-depth material on core competencies related to providing care to clients and information regarding the special needs of the population receiving long term care services. Agency home care agency workers must complete department-approved Basic training within 120 days of the date of hire.

Continuing education (CE) provides material on a variety of topics to keep the long term care worker's knowledge and skills specifically related to the population served and their own career development. Twelve (12) hours of continuing education must be completed each year on or before their birthday during the period between certification renewals. For Home Care Aides and newly credentialed Nursing assistant-certified, if the first renewal period is less than a full year from the date of certification, no continuing education will be due for the first renewal period, but continuing education will then be due before the second renewal period on or before the aides birthday. Effective July 28, 2013 registered, advanced registered nurse practitioner and licensed practical nurses are exempt from the CE requirement. Long term care workers exempt from basic training by employment history must take Twelve (12) hours of continuing education each year on or before their birthday.

Nurse Delegation training is required before a certified home care aide, nursing assistant certified or a registered nursing assistant (if exempt from Home Care Aide credential due to employment history) can perform a delegated task. Before performing a delegated task, the home care agency worker must complete:

1. The "Nurse Delegation for Nursing Assistants" 9-hour class; and
2. Registration or certification as a Nursing Assistant or certified as a home care aide and renew annually. Registered nursing assistants, who meet the Home Care Aide employment exemption, must also complete Core Basic Training Competencies.

Nurse Delegation: Special Focus on Diabetes is required for Agency home care agency workers before performing the delegated task of insulin injections. In addition to completing the requirements of Nurse Delegation training, the Agency home care agency worker must complete this additional three (3) hour course.

Note: Nurse delegated tasks are not included within Family Caregiver Support Program services.

For Agency workers providing H & E Services ONLY *:

Orientation/Safety training is to provide basic introductory and workplace safety information appropriate to the in-home setting and population served. The Agency home care agency workers must complete a minimum of two (2) hours of Orientation and three (3) hours of Safety Training before providing services to any client.

*** No personal care services may be provided with H & E Services.**

C. Compensable time for home care agency workers

The Agency is required to provide compensation to its employees consistent with the Fair Labor Standards Act (FLSA) and RCW 49.46. Compensable time for home care agency workers is factored into the hourly vendor rate for client services.

D. Home care agency worker health benefits

A portion of the rates paid for services under this contract is for provision of health benefits for home care agency workers providing care to state funder clients either through the Washington Health Benefit Exchange, accessing the SEIU Health Benefits Trust, a private market plan or an approved Healthcare Reimbursement Account (HRA). The scope of the benefit and eligibility will be determined by the Agency.

E. Personal automobile insurance coverage or waiver

The Agency shall ensure there is liability insurance covering all vehicles operated by employees while providing transportation to clients or who provide transportation related to their employment. If a home care agency worker does not drive or will never transport a client during a work assignment, the Agency must have the home care agency worker sign a document stating that clients will not be transported.

F. Home care agency worker records

The Agency shall maintain the following documentation for each home care agency worker:

1. Employment application including experience and previous work history;
2. Employment Eligibility Verification Form (I-9);
3. Evidence of criminal background check compliance;
4. Evidence of completion of legally required training and certification including orientation;
5. Evidence of a valid driver's license for the correct state, if the worker transports clients.
6. Evidence of annual on-site observation of performance;
7. Signed and dated Mandated Reporter Acknowledgement;
8. Signed and dated Confidentiality Oath;
9. Evidence of review of Agency Emergency Preparedness Plan;
10. Signed and dated attestation form if not providing home care services to a family member

G. Supervision

The Agency shall employ supervisors for the program who have experience or on-the-job training in the provision of services to the elderly and/or disabled and have demonstrated ability to supervise staff. Supervisors shall provide ongoing support and oversight to home care agency workers and shall also provide consultation in areas relative to duties performed by home care agency workers. The Agency must maintain an adequate number of supervisors to ensure and maintain quality services.

The Agency shall conduct performance evaluations with all home care agency workers within six (6) months of hire and annually thereafter. Evaluation of the home care agency workers skills in the client's home shall be included in the performance evaluation.

The Agency supervisors shall ensure and document the home care agency worker receives the following:

1. Orientation to the client's Home Care Plan of Care (CARE/TCARE®/Agency) before services begin;

2. Performance evaluation including an on-site evaluation within six (6) months of hire and within every twelve (12) months thereafter; and
3. On-going training related to service delivery.

The Agency shall develop a method for home care agency workers to have access to a supervisor during all times of service delivery. This includes weekends, holidays and after-office hours.

H. Supervisory Training

The Agency shall ensure all supervisors complete ten (10) hours of training annually. Training shall include a combination of topics related to supervisory duties and topics related to the delivery of home care services. In-services, staff meetings and community venues including classes, conferences and seminars may be used for supervisory training. Training may also include supervisory responsibilities in the event of a natural and/or man-made disaster. Supervisors who provide personal care to agency clients and bill for personal care units must complete the same required training as direct care employees.

New supervisors shall receive ongoing support and training which will apply to the annual supervisory training requirement. The Agency shall develop and implement a training plan for all newly hired supervisors to include those supervisors lacking supervisory experience or experience working with vulnerable adults. Basic Training may be a part of the training plan.

Written documentation of supervisory training will be kept in the supervisor's personnel file.

III. BUSINESS OPERATIONS

A. Reporting requirements

The Agency will complete reports and data collection as required by ALTSA and the contracting AAA. Documentation may be maintained in a paper format or an approved electronic record retention system which meets ALTSA Data Share Agreement criteria. Reports include but are not limited to:

1. Annual client satisfaction survey of active clients to determine satisfaction with all aspects of in-home service, including but not limited to: quality of work performed, responsiveness of supervisors, reliability of schedule, etc.;
2. Annual independent financial statement audit or review is required and will encompass the financial operations of the Agency and shall be submitted within the earlier of 30 days after completion or nine months after the end of the entity's financial reporting period.
 - a. Agency Worker Health Insurance report (AWHI): The organization is required to obtain a report stating whether the full amount paid to the Agency for AWHI described in Section IV-E has been paid out for agency

worker health benefits as described in Section II-D, unless the Agency has a Notice of Good Standing from SEIU Healthcare NW Health Benefits (Trust). This report can be done as a separate agreed-upon procedures engagement by the organization's auditors or it can be included in the annual independent financial statement audit or review engagement. Up to one third of the cost of the entire annual independent audit, review and agreed-upon procedures engagement, conducted specifically on the home care agency, may be considered part of the payments for AWHI.

3. Electronic timekeeping of employee client service delivery units; and
4. Additional data, reports and/or statistics as required for auditing, evaluation, and legislative purposes.

B. Prior notification of changes

The Agency shall promptly notify the AAA of any proposed changes in how services are delivered under this contract including: closure or opening of offices in the service area, changes in ownership, RFQ responses or factors that may affect service delivery or quality. Proposed changes shall be submitted in writing and no change shall be implemented until approval from the AAA is obtained.

C. Change in ownership

The Agency shall immediately notify the AAA when the Agency enters into negotiations regarding any proposed change in ownership. Change in ownership includes any of the following:

1. Transferring ownership, either whole or part, to a new owner;
2. Adding a new owner;
3. Dissolving a partnership or corporation;
4. Merging with another entity taking on that entity's identity or;
5. Consolidating with another entity, creating a new identity.

To be eligible to contract to provide home care services to existing and new clients, all potential new owners must meet the qualifications for home care service providers defined by ALTSA on the [Information for Potential Medicaid Contractors](#).

During the change in ownership, services to clients will be maintained with every effort made to avoid disruptions. Clients will be informed in writing of the change in ownership following submission of the application for change in ownership with the Department of Health and be given information on their freedom of choice of provider. Clients will not be prohibited or penalized in any way for choosing to find another provider.

The AAA will have 90 days in which to review the business operations following any change in ownership. At the end of the 90-day period the AAA may exercise one or more of the following options.

- a) Continuing the existing contract
- b) Conducting a comprehensive monitoring of the new agency and placing the agency under a corrective action plan (contingent on the outcome of the monitoring)
- c) Terminating the contract

D. Accessibility

The Agency shall make sure any change in office location or opening of a new office is accessible to all persons per the Americans with Disabilities Act (ADA) regulations. If existing office space is not accessible to all persons per ADA regulations, the Agency will have a written policy on how to meet with clients, staff and other persons who are unable to access the office. The policy will include procedures to ensure comfort, privacy and ease of access.

E. Subcontracting

Subcontracting is any separate agreement or contract between the Agency and an individual or entity to perform all or a portion of the duties and obligations that the Agency is to perform under this contract. With the exception of subcontracting with Registered Nurses for the provision of nurse delegation, Agencies operating under this Agreement shall not subcontract with other individuals or entities as a means for delivering non-medical home care services to state funded clients.

F. Bribes, kickbacks and rebates (self-referrals)

The Agency is prohibited from offering or paying any remuneration to induce a person or organization to refer an individual for the furnishing of any service for which a payment is made for medical assistance as outlined in RCW 74.09.240. Prohibited activities include but are not limited to 1.) offers of, or payment of bonuses for the referral of state funded clients or 2.) recruitment of clients by promising employment to their existing caregivers and/or family members.

Federal law requires that Medicaid clients have free choice among qualified providers. The personal care services Agency may not require or demand that clients enter into any exclusive relationship for other services in order to qualify for personal care services.

G. Conflict of interest

The Agency shall establish guidelines, procedures and safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain, over and above their regular salary, for themselves or others in serving DSHS or AAA clients. Agency employees shall not solicit work outside of the

CARE Assessment Details and Service Summary from clients and shall refer any additional work clients attempt to solicit from them to the home care agency supervisor. To protect and safeguard clients, written policies shall be developed that prohibit employees from involvement or assistance in a client's financial matters, including a policy prohibiting the acceptance of gifts, gratuities, or loans from clients. Violations of the Agency conflict of interests policies shall be grounds for disciplinary action.

H. Employee-client relationship

The Agency shall receive no compensation under this contract for services provided to a client of Agency if the Agency employee who provided the care is a family member of the client. The Agency shall establish guidelines, procedures, and safeguards to ensure that it does not receive compensation under this Agreement for services provided to a client by an employee who is a family member of the client. The Agency shall require all employees to sign and date an attestation form in which they disclose whether they are providing, or will provide, services to an Agency client who is a family member of the employee.

Exemption to employee-client relationship MB H17-091 Home Care Agency Family Member Policy and Tribal Member Exception

As used in this agreement, "family member" is broadly defined to include, but is not limited to, a parent, child, sibling, aunt, uncle, cousin, grandparent, grandchild, grandniece, or grandnephew, including such relatives when related through adoption or marriage or registered domestic partnership.

I. Compliance

In the event that AAA notifies the Agency of contract noncompliance, the Agency must take corrective action as directed to remedy contract non-compliance. The Agency shall provide to the AAA a corrective action plan, which shall include the date when the plan will be completed and the date when the home care agency projects it will be in full compliance with the requirements of this contract.

Sanctions may be imposed for non-compliance at the discretion of the AAA. Sanctions may include one or more of the following actions:

- a. Limiting referrals of new clients.
- b. Suspending all referrals of new clients.
- c. Terminating the service provider's authorizations to provide services to existing clients.
- d. Terminating the contract.

If the AAA determines that the Agency is out of compliance with the terms of this contract, the AAA may instruct all case management agencies who are authorizing the services provided under this contract to suspend new client referrals to the Agency until further notice. A notice of any such suspension will be mailed to the Agency by the AAA Director or Director designee. This suspension will continue until the AAA determines that

appropriate corrective action has been taken, or until the contract is terminated. At the end of a suspension, the AAA will inform the authorizing case management entities to resume referrals if the AAA deems that the home care agency has come back into compliance. If the agency is still non-compliant as determined by the AAA further action below may occur at the discretion of the AAA.

1. Suspension of the Agency's authorizations to provide services to existing clients;
and
2. Termination of the contract.

If the AAA determines the Agency has been paid for services provided to a client by an employee who is the client's family member, the AAA shall recoup payment made to the Agency for all units provided by that employee to that client. If the AAA is unable to recoup payment by an agreed upon time, the AAA shall take the following actions for contractual non-compliance:

1. Suspension of new client referrals;
2. Termination of the Agency's authorizations to provide services to existing Clients and/or;
3. Termination of the contract.

J. Coordination of services

The Agency shall work collaboratively with other service providers, including the Case Manager/Social Worker as appropriate, within HIPAA and Health Information Technology for Economic and Clinical Health (HITECH) Act guidelines in the delivery of services to clients. Examples may include but are not limited to:

1. Medical professionals;
2. Physical and occupational therapists;
3. Mental health therapists and counselors;
4. Speech therapists;
5. Home health services;
6. Hospice services;
7. Other home care agency providers;
8. School personnel;
9. DDA nurses; and

10. Transit services.

The Agency shall attend consultations regarding clients as requested by the Case Manager/Social Worker.

Agency may coordinate service delivery with other Agencies to mutually support the delivery of home care services and/or assess the welfare and well-being of high risk clients during a natural and/or man-made disaster. Agencies may develop agreements with other Agencies that include, but not be limited to:

1. Provision of in-home care services to clients when the Agency is unable to provide scheduled services;
2. Shared office space;
3. Shared communication technology and equipment;
4. Shared resources including personnel; and
5. Other administrative support as necessary to provide in-home care services to clients.

IV. BILLING

A. Service provision

The basis of service delivery is determined by the tasks and level of care authorized by DSHS and/or the AAA for each client as documented in the Assessment Details and Service Summary and authorization documents.

1. Payment for services authorized through ProviderOne in the Medicaid, State funded and VDHS programs will be made directly to the Agency through ProviderOne
2. Payment for services authorized outside of ProviderOne will be made through A-19 billing to the AAA, partial hour payments will be rounded to the nearest quarter hour.

ProviderOne service units are in 15 minute increments and providers will be able to bill weekly. When service minutes documented per Section I. Service Delivery, "H" result in a number of 15 minute units each shift that includes a remainder of minutes that are less than 15, shift rounding shall occur as follows for each client:

1. When the remainder minutes for the shift are 8 or more, round to the next quarter hour. When the remainder minutes for the shift are 7 or less, round down to the previous quarter hour.

Payment shall not be made for the following:

1. For services authorized in ProviderOne, services provided that are not authorized to the Agency in the Care Assessment Details and Service Summary or MTDP Care Plan.
2. For services authorized outside of ProviderOne, services that are not authorized by the authorization process provided by the AAA;
3. Units provided in excess of the number of units authorized for each client;
4. Units provided by an employee who is out of compliance with training or Department of Health certification requirements;
5. Units provided by an employee who has a disqualifying crime;
 - a. For delinquent background checks, as long as the worker had a previous background check that cleared him/her to work, no payback will be required if the background check is made current and no disqualifying crime is identified.
6. Units provided to a client of the Agency by an employee of the Agency who is a family member of the client; Exception as written in MB H17-091 Home Care Agency family member policy and tribal member exception.
7. For Services authorized in ProviderOne, services provided by an employee not verified by the agency's electronic timekeeping as defined in Section I. H, Verification of Time and Task performance Signed and or initialed task sheets are not required for payment.
8. Units incorrectly rounded up contrary to policy in Section IV. A., above;
9. Units submitted more than twelve (12) months after the calendar month in which the services were performed.

The Agency will be liable for any overpayment resulting from billings that do not conform to the requirements above or that are otherwise unverifiable or inaccurate. Any overpayment for inappropriate billings to ProviderOne will be made directly to DSHS/HCA in accordance with DSHS-AP-19-85-54 (Overpayments to the Office of Financial Recovery); DSHS-AP-19-85-53 (Audit Overpayments Identified via External or Internal Audits for Contractors, Clients, and Providers/Vendors); DSHS-AP-10-02 (Overpayments and Debts for Providers and Vendors); and 42 CFR § 433.316 (When Discovery of Overpayment Occurs and its Significance).

The Agency may not bill the AAA for services that have been denied for payment by ProviderOne.

Any overpayment for the services paid by the AAA shall be made based on instructions from the AAA.

B. Billing for attempts to deliver services

The Agency may request reimbursement for attempted service for a maximum of one (1) hour of service, not to exceed (2) two such events per client for the duration of service with the Agency under the following three conditions:

1. The client is not home to receive services within (30) thirty minutes of the scheduled time; and
2. The home care agency worker is present at the scheduled time and is ready, willing and able to provide service; and
3. The home care agency worker notifies the home care agency as per the home care agency's written policy.

C. Client responsibility for payment

Depending on income and program rules, clients may be responsible for payment for part of their care. Required responsibility amounts will be documented on the authorization list page, or in the case of non-Medicaid programs, in alternative authorization documents. Responsibility is not required for VDHS participants. For Medicaid services, the Agency must apply the client's responsibility fee to the first units of service delivered in the month before billing for state/federal reimbursement. The Agency shall bill responsibility directly to the client for the services rendered. Although the Agency may bill for services as of the first of the month in which services are to be received, a client cannot be required to pay for services until the date on which the provider has earned the full responsibility amount.

The Agency will have a policy to notify the authorizing case manager when a client becomes delinquent in responsibility prior to issuance of discharge notice.

D. Training reimbursement for home care agency workers

Reimbursement for home care agency worker training wages is established by the legislature as equal to the hourly wage of an Individual Provider. Training wage reimbursement is to be based on an allocation of costs across all Agency's funding sources consistent with Federal Law. Agencies are to submit to the AAAs their cost allocation plan for approval. The Agency will submit invoices for training hours directly to AAA as stipulated in billing procedures. The AAA will reimburse at the training wage rate according to the Agency's AAA approved cost allocation plan.

Note: H & E Service rate does not include training tuition.

E. Agency Worker Health Insurance (AWHI) Payment

Since September 1, 2011, the Home Care Agency Vendor Rate includes a designated portion which must be used solely to purchase health (e.g. medical, mental health, dental, vision) benefits for eligible workers directly providing in-home care services to publicly funded consumers and may also be used as described in Section III-A.2.a. The AWHI

portion of the vendor rate is determined per RCW 74.39A.310 (2) Agency will develop criteria to determine worker eligibility for health benefits and the level of benefit.

The Agency will keep a monthly record of all AWHI revenue paid by DSHS (including from DDA Respite), AWHI eligible workers and the cost of health benefits purchased per worker by month of eligibility. Group payments must have documentation to separate non-eligible employee costs from eligible worker costs for each payment month.

The following will be provided to the AAA and AL TSA at least annually to verify eligible AWHI expenditures:

1. A Notice of Good Standing from SEIU Healthcare NW Health Benefits (Trust) OR;
2. An annual independent financial review or audit report that includes the scope described in Section III-A.2.a. AL TSA's Reconciliation of Eligible Expenditures form must accompany the review or audit.

Agency AWHI receipts and expenditures will be part of the required scope of the independent financial review or audit report in Section III-A.2. Any unspent AWHI funds will be returned to the state within 30 days of completion of the review or audit or more frequently if desired by Agency. All payments to the state are to be accompanied by AL TSA's Reconciliation of Eligible AWHI Expenditures.

Non-compliance with this requirement may result in contract actions such as Suspension of Referrals, Overpayment Collection, or Agreement Termination.

Note: H & E Services rate does not include AWHI.

F. Standards for fiscal accountability

The Agency's fiscal management system shall:

1. Provide accurate, current and complete disclosure of the financial status of each contract pursuant to U.S. Generally Accepted Accounting Principles or basic accounting principles, as appropriate principles; and
2. Report all revenue and expenditures in a manner consistent with US Generally Accepted Accounting Principles or basic accounting principles, as appropriate.

The Agency agrees to maintain written accounting procedures.

G. Compliance with the Federal Deficit Reduction Act of 2005

Any home care agency receiving annual Medicaid payments of \$5 million or more must provide education regarding federal and state false claims laws for all its employees, Agencies and/or agents as stated in section 1902 (a)(68) of the Social Security Act. If the Agency meets that threshold, the law requires the following:

1. A home care agency must establish written policies to include detailed information about the False Claims Act, including references to the Washington State False Claims Act;
2. Policies regarding the handling and protection of whistleblowers;
3. Policies and procedures for detecting and preventing fraud, waste and abuse; and
4. Policies and procedures must be included in an existing employee handbook or policy manual, but there is no requirement to create an employee handbook if none already exists.

Qualifying home care agencies will be identified and monitored annually by ALTSA headquarters.

H. Medicaid Fraud Control Unit (MFCU)

As required by federal regulations, the Health Care Authority, the Department of Social and Health Services, the Agency, shall promptly comply with all MFCU requests for records or information. Records and information includes, but is not limited to, records on micro-fiche, film, scanned or imaged documents, narratives, computer data, hard copy files, verbal information, or any other information the MFCU determines may be useful in carrying out its responsibilities.