

Attendant Care services (ATTC) are provided to participants with nursing facility level of care needs. ATTC provides direct, hands-on care to participants for the functional needs with ADLs. The participant is the employer for Participant Directed ATTC, or appoints a representative to be the employer on their behalf.

#### ALLOWABLE ACTIVITIES

All non-skilled ADL care as identified in the PCA that includes but is not limited to the following:

Provides assistance with personal care, which includes:

- Bathing, partial bathing
- Oral hygiene
- Hair care including clipping of hair
- Shaving
- Hand and foot care
- Intact skin care
- Application of cosmetics
- Dressing

Provides assistance with mobility, which includes:

- Proper body mechanics
- Transfers
- Ambulation
- Use of assistive devices

Provides assistance with elimination, which includes:

- Assists with bedpan, bedside commode, toilet
- Incontinent or involuntary care
- Emptying urine collection and colostomy bags

Provides assistance with nutrition, which includes:

- Meal planning, preparation, clean-up

Provides assistance with safety, which includes:

- Use of the principles of health and safety in relation to self and individual
- Identify and eliminate safety hazards
- Practice health protection and cleanliness by appropriate techniques of hand washing
- Waste disposal, and household tasks
- Reminds individual to self-administer medications

Provides assistance with correspondence and bill paying

- Transportation of individuals to non-medical community activities. Out of State transportation is limited to 50 miles of State geographic limits. Escorting of participants does not include mileage or other costs that are not associated with the provision of personal care.

#### SERVICE STANDARDS

ATTC may be provided from the following:

- Agency—an agency enrolled in the program is responsible to hire and render services or Non-Agency/Solo Provider- The solo provider classification refers to an individual (as opposed to an agency) operating under their SSN and operating without employees.
- Participant Directed—the participant is the employer and acts as the agency directing their care.

If direct care or monitoring of care is not provided to the client and the documentation of services rendered for the units billed reflects Home and Community Assistance duties, an entry must be made to indicate why the direct care was not provided for that day. If direct care or supervision of care is not provided for more than 30 days and the documentation of services rendered for the units billed reflects Home and Community Assistance duties, the care manager must be contacted to amend the service plan to

- a) add Home and Community Assistance Services and eliminate Attendant Care Services or

- b) reduce attendant care hours and replace with the appropriate number of hours of Home and Community Assistance services

#### DOCUMENTATION STANDARDS

##### Care Managers:

- Responsible to document the medical need for ATTC and types of ADL care the participant may require.
- Responsible to document the type of (ATTC or participant-directed) ATTC determined to meet the needs of the individual or caregiver through the PCA
- Document the ATTC activity that will meet the participant's needs and assure it is accurately documented in the level of care E-screen
- If the participant is SK-LOC, the CM must document how the skilled need is being met and by whom. If ATTC is being requested for an individual with skilled care documentation must describe who will be providing ATTC, the frequency of care and activities being performed.
- Participant Directed ATTC. The CM must document who is the employer, who is the employee/direct worker and their relationship to the participant (include POA, guardian status as well).

##### ATTC Providers:

In addition to Electronic Visit Verification, providers will record services provided, including:

- Complete date and time of service (in and out)
- Specific services/tasks provided
- Signature of participant verifying the service was provided by agency
- Signature of employee providing the service (minimally the last name and first initial) If the person providing the service is required to be a professional, the title must also be included
- Each staff member providing direct care or supervision of care to the participant must make at least one entry on each day of service.
- Documentation of service delivery is to be signed by the participant or designated participant representative.
- Notification to the participant's care manager within forty-eight hours of any changes in the participant's person centered service plan.

#### **Specify applicable (if any) limits on the amount, frequency, or duration of this service:**

#### **ACTIVITIES NOT ALLOWED**

Attendant Care services will not be provided to people with unstable medical needs as a substitute for care provided by a registered nurse, licensed practical nurse, licensed physician, or other health professional ATTC services will not be reimbursed to a provider for a participant, with the following but not limited to items, regarding specialized feeding, (such as difficulty swallowing, refuses to eat, or does not eat enough); unless permitted under law and not duplication of State Plan services.

Hoyer lift; and weight bearing transfers assistance should be considered for State Plan HOHE or respite home health aide under the supervision of a registered nurse.

ATTC services will not be reimbursed to a provider for a participant requiring management of uncontrolled seizures, infusion therapy; venipuncture; injection; wound care for, decubitus, incision; ostomy care; and tube feedings must be considered for respite nursing services unless permitted under law and not duplication of State Plan services.

- The ATTC will not be a substitute for care provided by a registered nurse, licensed practical nurse, licensed physician, or other health professional.
- ATTC will not set up and administer medications. ATTC may not assist with catheter and ostomy care,
- Attendant Care services will not be provided to household members other than to the participant.
- Attendant Care services will not be reimbursed when the owner of the agency is a parent of a minor child participant, the spouse of a participant, the attorney-in-fact (POA) of a participant, the health care representative (HCR) of a participant, or the legal guardian of a participant.
- Attendant Care services to participants receiving Adult Family Care waiver service, Structured Family Caregiving waiver service, or Assisted Living waiver service.

Service Delivery Method (check each that applies):

- Participant-directed as specified in Appendix E
- Provider managed

Specify whether the service may be provided by (check each that applies):

- Legally Responsible Person
- Relative
- Legal Guardian

Provider Specifications:

Provider Category	Provider Type Title
Individual	FSSA/DA approved Attendant Care Individual
Agency	Licensed Home Health Agency
Agency	Licensed Personal Services Agency

**Appendix C: Participant Services**

**C-1/C-3: Provider Specifications for Service**

Service Type: Statutory Service  
 Service Name: Attendant Care

Provider Category:

Individual

Provider Type:

FSSA/DA approved Attendant Care Individual

Provider Qualifications

License (specify):

IC 16-27-4

Certificate (specify):

Other Standard (specify):