1. **Service Description**
   1. Attendant Care (ATC) service supports Members to remain in their home and/or participate in work or community activities while receiving assistance for mobility, self-care, socialization, communication, cognition, household activities, community participation, and employment.
   2. ATC supports Members to be as independent as possible in their homes, communities, and jobs. Members choose how this support is provided and determine when and how the service best supports their needs. This service adequately provides for the Member’s basic needs and supports them to have optimal health and wellness.
2. **Outcomes**
   1. Members have increased independence and are able to live at home and to remain employed in the most integrated settings by maximizing their health and overall wellness.
3. **Goals**
   1. To support the Member, in accordance with their Planning Document (PCSP), to complete self-care activities and domestic responsibilities, to comply with medical orders, to participate in employment, community, or civic activities by providing assistance with self-care, cognition, communication, socialization, and safety needs.
4. **Service Requirements and Limitations**
   1. The skills of the Direct Care Staff will be matched to the Member's needs and personal preferences. The Member and Responsible Person will be offered the opportunity to interview and select the staff.
   2. ATC service should complement and **not supplant** the care provided by the Member's Natural Supports.
   3. ATC service will only be provided in:
      1. The Member's own home;
      2. The Member's community while accompanying the Member, or while shopping or picking up medications for the Member; and
      3. A staff’s residence **only when the residence is also the home of the Member** receiving the service.
   4. ATC service shall **NOT** be provided:
      1. To Members living in Group Homes, Nursing Supported Group Homes, Behavioral-Supported Group Homes, Vendor Supported Developmental Homes, skilled nursing facilities, non-state operated Intermediate Care Facilities, or Level I or Level II behavioral health facilities;
      2. While the Member is attending Day Treatment and Training and/or employment services, excluding job coaching and job development components of Individual Support Employment; or
      3. To more than three (3) Members with a single staff.
   5. The Member/Guardian is expected to ensure all necessary housekeeping and personal care supplies are available in the member's home.
   6. The Member/Guardian is expected to ensure that money for supplies and food is available in advance of the purchase if the staff will be shopping for food, household supplies, and/or medications.
   7. If the Member elects to have his or her spouse provide this service, the Member will comply with all applicable requirements including but not limited to the following:
      1. The Member shall only receive the amount of services that they require for Activities of Daily Living/Instrumental Activities of Daily Living supports that cannot be met through technological or assistive devices and that are not typically provided by Natural Supports, not to exceed forty (40) hours in a week;
      2. The spouse has met all requirements of JBB’s HCBS Policy Manual and related service policies;
      3. The Member shall not receive Homemaker services from a spouse.
   8. ATC service is not intended to be used for the purpose of transportation of the Member but may be used to provide incidental transportation necessary to support the Member’s program activities.
   9. Service Hours Restrictions (as clarified by DDD Customer Service on 01/11/24):
      1. The 40-hour per week limit applies to two types of providers.
         * 1) any family member (not just a spouse) cannot provide more than 40 hours of combined service per week to their family member if they are Independent Providers (not employed through an agency) OR
         * 2) a parent of a minor child (even if employed through an agency).
      2. Second, a provider that is contracted directly with the Division as an Independent Provider (not employed through an agency) may not provide more than 40 hours per week in combination with service to all members.
      3. See **Medical Policy Manual Chapter 1300-Member Directed Options 1302 Independent Provider Program, page 2 of 4**.
      4. Providers are, however, prohibited from allowing an individual DSP or DCW to provide care for more than 16 hours in a 24-hour period. **See Provider Manual Chapter 2, Provider Responsibilities and Expectations, page 23 of 24**.
   10. Familial Relationship
       1. JBB will retain documentation in the Member’s file of any familial relationship that the Direct Care Staff has with the member. Acceptable documentation includes form of ID and copy of a birth or marriage certificate for parent or spouse. For other relationships (e.g., cousins, uncles, grandparents, etc.) a signed statement by the Member/Guardian and Staff attesting to the familial relationship.
5. **Objectives**
   1. Identify and respect the Member’s cultural, racial, ethnic, linguistic, identified gender, sexual orientation, and religious or spiritual needs.
   2. Provide services according to the Member's preferences and needs that recognize their strengths and promote their independence.
   3. Provide support appropriate for the Member’s age and aligned with typical life experiences such as playing and making friends, navigating relationships and sexuality, having and raising children, exploring recreation and hobbies, using social media and technology, getting an ID card, learning to drive or accessing public transportation, going to college or vocational school, finding a career, engaging in civic life, seeking leadership or advocacy opportunities, living more independently or renting/buying a home, and transitioning into retirement.
   4. Support the Member with activities that they, and their Responsible Person if applicable, have decided they need help with or that are documented in their PCSP, such as:
      1. Using technology or assistive devices as necessary, such as programming pill reminders, setting up smart phone applications, and ensuring that assistive devices are functioning properly;
      2. Supporting nutrition, such as planning for preferred meals, preparing and cleaning up meals, and assistance with eating (e.g., following dietary protocols, positioning, monitoring for choking);
      3. Supporting self-care activities like bathing (e.g., transferring into the tub or shower, adjusting water temperature, monitoring for drowning), dressing and grooming (e.g., oral hygiene, nail care, shaving, hair styling, putting on assistive devices), and using the restroom (e.g., bowel, menstrual, and bladder care);
      4. Supporting the person to move around their home and community, such as providing mobility support or transferring;
      5. Completing domestic duties such as light housekeeping and laundry assistance to maintain a clean and safe home;
      6. Shopping;
      7. Supporting the Member to stay safe by providing supervision and using behavioral intervention techniques identified in the Member’s Planning Document;
      8. Complying with medical needs and orders like attending to an injury or illness, monitoring skin integrity, providing first aid, referring the Member for medical care when needed, and **assisting with self-administration of medication(s) or medication reminders;**
      9. Attending to certified service animal needs;
      10. Assisting and supporting the Member to make choices;
      11. Assisting the Member with employment by supporting with personal care activities, health and medical needs, and providing mobility support as necessary on the job;
      12. Supporting employment or community activities such as physically supporting the Member to navigate their community, supporting their cognition and communication in those activities, supporting socialization, and ensuring their safety; and
      13. Providing companion care by transporting and/or accompanying the Member to medical appointments or assisting with personal care needs, and/or supervising during an appointment when a medical practitioner is unable to provide such support.
   5. In unusual circumstances, additional support might be required such as:
      1. Heavy cleaning (e.g., washing walls or ceilings, cleaning the yard, and hauling debris); and
      2. Assisting the Member in meeting their basic material needs for water, heating, and food.
   6. Referring any identified issues or concerns related to the Member's living situation, home and community-based services, health care providers, school services, or other community-based resources to the Member's Support Coordinator in order to coordinate services to best meet the Member's needs; and
   7. Identifying and referring for issues that require social intervention (e.g., food insecurity, unsafe housing, needed interventions or medical care, neglect, abuse).
   8. The tasks below **are NOT included as part of ATC service**:
      1. Cleaning up after parties (e.g., family celebrations and holidays);
      2. Cleaning up several days of accumulated dishes;
      3. Preparing meals for family members;
      4. Routine lawn care;
      5. Extensive carpet cleaning;
      6. Caring for household pets (except, certified service animals, see section 5.4-i);
      7. Cleaning areas of the home not used by the member (e.g., parents’ bedroom or sibling’s bathroom);
      8. Skilled medical tasks (e.g., injections, changing feeding tubes, etc.); and,
      9. Shopping for a child living in the family home.
6. **Monitoring and Supervision**
   1. **Monitoring ATC Service**
      1. The designated JBB Program Manager will conduct monitoring visits at the following intervals:
         * 1st: Within 5-days of working with a new member to discuss quality of care, delivery of services, and education of the Member and Responsible Person about the need to contact the Qualified Vendor if concerns develop in between supervisory and/or Support Coordinator visits.
         * 2nd: 30-days
         * 3rd: 60-days (only if issues were identified at 30-day visit)
         * 3rd or 4th: 90-days
      2. Monitoring visits will continue every 90 days thereafter.
   2. **Conducting Supervisory Visits**
      1. The designated JBB Program Manager will conduct supervisory visits within 90 days of a **new** Direct Support Staff working with the member.
      2. A supervisory visit while the Direct Support Staff is providing services and physically in the member’s home, will occur once within the first 90 days of the staff’s initiation of services for each member served.
      3. Supervisory visits from the Direct Support Staff will continue annually thereafter.
      4. These supervisory visits can be combined with the 5th, 30th, 60th, or 90th day visits).
   3. The results of ATC service monitoring visits will be documented using form DDD-1431A and retained in the member’s and staff’s file.
   4. Service Hours Reporting:
      1. The JBB Program Manager will file attendance reports summarizing the members served and the number of hours of service. This information will be stored in JBB’s Sandata – EVV system and a copy will also be stored in JBB’s billing folder traceable to the Member’s name, date of service, service type, and delivered services units (service hours).
   5. All incidents shall be reported to the Division within the required timelines in accordance with **JBB’s HCBS Policy Manual – Incident Reports** section.
   6. Progress reports are NOT required for ATC in accordance with **DDD Provider Policy Manual Chapter 35 Progress Reporting Requirement.**
7. **Planning** 
   1. The Member's Planning Team, prior to the delivery of services, will decide and report in the PCSP who among the Member's Planning Team will conduct the supervision and monitoring.
   2. The designated JBB Program Manager will submit monitoring tools within 15 days of the visit to the Support Coordinator.
8. **Training**
   1. Refer to **JBB’s HCBS Policy Manual – Training** section for staff training requirements.
9. **Reference Documents**
   1. RFQVA DDD-2024 Part 6 Exhibit I
   2. DDD Medical Policy Manual 1240-A Attendant Care
   3. DDD Provider Policy Manual Chapter 35 Progress Reporting Requirement
   4. JBB Healthcare LLC’s HCBS Policy Manual

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