

**AMENDMENT TO THE
CONDITIONS OF PROVIDER PARTICIPATION
FOR THE MEDICAID STATE PLAN PERSONAL CARE
PROGRAM**

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Medicaid State Plan Personal Care Program Home Care Providers

AGING SERVICES DIVISION OF THE OKLAHOMA DEPARTMENT OF HUMAN SERVICES AND LONG TERM CARE AUTHORITIES OF ENID AND TULSA

The following Conditions of Provider Participation are applicable to funds administered by the Oklahoma Health Care Authority (OHCA) and the Oklahoma Department of Human Services (OKDHS), in accordance with policy developed by the Aging Services Division for the Medicaid State Plan Personal Care Program.

The Provider shall meet the following specific conditions directly related to Medicaid State Plan Personal Care as outlined in the Medicaid State Plan Personal Care Staffing and Service Delivery in the Medicaid State Plan Personal Care.

The Provider agrees to comply with the Conditions of Provider Participation, as indicated by the Authorized Agent for the Provider signing the last page of the Conditions of Provider Participation document. Further conditions to the contract may be added as deemed necessary by OKDHS and, if added, will be submitted for the Provider's signature. Any modification to this document by the Provider shall render the Provider's Medicaid State Plan Personal Care Program certification(s) null and void. The Conditions of Provider Participation shall not supercede any Federal, State, or regulatory body statutes, laws, or regulations.

MEDICAID STATE PLAN PERSONAL CARE STAFFING

- A. The Provider ensures that staff, qualified by education, training and/or experience, will be employed and assigned to implement and perform services.
- B. The Provider ensures that it will provide a drug-free workplace by establishing a drug-free awareness program.
- C. Staff orientation training to the specific Medicaid Program will be completed prior to the performance of duties and shall consist of the following:
 - 1. Description of the purpose and philosophy of the Program;
 - 2. The roles and responsibilities of the Provider to the Program;
 - 3. Discussion of service coordination between Provider staff;
 - 4. Identification of billable and non-billable activities;
 - 5. Instruction in record keeping and reporting forms for the Program;

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6. Instruction on the responsibility to report abuse, neglect, and/or exploitation to Adult Protective Services.
- D. The Provider ensures that it will employ staff in adequate numbers to ensure delivery of services to Consumers in accordance with each Consumer's authorized service plan.
- E. The Home Care Provider shall use the State mandated Uniform Application for Nurse Aide Staff for individuals seeking employment as Personal Care Assistants.
- F. The Home Care Provider agrees to contact the OKDHS Community Services Workers Registry and agrees not to hire any individual whose name appears in the Registry. The Home Care Provider shall document this inquiry in the individual's personnel file.
- G. The Home Care Provider agrees to contact the Oklahoma State Department of Health (OSDH) Certified Nurse Aide Registry to ensure that no disciplinary actions are pending against any individual seeking employment as a Personal Care Assistant prior to making a final offer of employment. The Home Care Provider shall document this inquiry in the individual's personnel file.
- H. The Home Care Provider, prior to placing a Personal Care Assistant in the Consumer's home, conducts an OSBI background check. The results shall be reviewed prior to making a final offer of employment and placed in the individual's personnel file.
- I. The Home Care Provider shall have a written staff recruitment plan available and shall implement the plan when staffing levels are not sufficient to deliver authorized services. The Provider shall contact the OKDHS Long Term Care Nurse to determine if another Home Care Provider can staff the Consumer. If another Home Care Provider has staff available, the OKDHS Long Term Care Nurse will transfer the Consumer. If no other Home Care Provider is available that can staff the Consumer, the current Home Care Provider and the OKDHS Long Term Care Nurse shall actively monitor the health and safety of the Consumer and document ongoing efforts to provide staff.
- J. The OKDHS Long Term Care Nurse shall facilitate the Home Care Provider's transition of the unstaffed Consumer to a Home Care Provider who can provide the appropriate staff.

SERVICE DELIVERY IN THE MEDICAID STATE PLAN PERSONAL CARE PROGRAM

- A. The Provider agrees to provide all services in accordance with the Medicaid State Plan Personal Care Program, as applicable, and maintain current copies of all

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applicable Medicaid State Plan Personal Care Program related policies, procedures, and guidelines for reference and staff training. The Provider will also comply with any other policies, procedures, and guidelines established by OKDHS.

- B. The Provider agrees to deliver the number of service units as authorized in the service plan. Exceptions may occur if professional clinical judgment determines an emergency situation. A significant change in the client's physical condition or caregiver support, one that requires additional goals, deletion of goals or goal changes, requires a UCAT reassessment update by the Provider nurse. (OHCA 317:35-15-10(b) and request for service plan unit changes to the OKDHS LTC Nurse. Only the DHS Long Term Care Nurse can authorize an increase or decrease in units of service which impact the cost of the service plan. In addition, the Provider must have a copy of the authorized service plan in the case record.

- C. The Provider ensures that services will be furnished only to eligible Consumers who are not receiving inpatient services from a hospital or nursing facility.

- D. The Home Care Provider ensures delivery of services within five (5) working days upon receipt of the authorized service plan. If, for any reason, the Home Care Provider is unable to deliver the authorized services, the Home Care Provider shall immediately notify and provide the following information to the OKDHS Long Term Care Nurse: Consumer identification information, the circumstances preventing service delivery, and whether subsequent authorized services will be affected, and a health and safety monitoring plan if a need exists as a result of the lack of staffing.

- E. The Home Care Provider agrees to provide a licensed nurse to perform a supervisory home visit at least once every six (6) months according to the Oklahoma licensure standards. This is documented on the DHS form AG-22-A and forwarded to the Consumer's DHS Long Term Care Nurse within one week of the visit. Exception: When the Medicaid plan of care contains only homemaker chore tasks, the agency may determine the qualifications of the supervisor.

- F. The Provider of services to a Consumer agrees to provide written notification to the Administrative Agent 30 days prior to the intended date to terminate the Medicaid contract. The Provider shall collaborate with the Administrative Agent on the disposition of Consumers being served under the Medicaid Contract.

Agency _____

Authorized Agent _____ Date _____