

1 **1240-A ATTENDANT CARE AND HOMEMAKER (DIRECT CARE**
2 **SERVICES)**

3 REVISION DATE: xx/xx/2023, 2/26/2016, 7/3/2015, 9/15/2014

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6 **DEFINITIONS**

7 1. "Member" means the same as "Client" as defined in A.R.S. § 36-
8 551.

9 2. "Planning Team" means a defined group of individuals comprised
10 of the Member, the Responsible Person if other than the
11 Member, and, with the Responsible Person's consent, any
12 individuals important in the Member's life, including extended
13 family members, friends, service providers, community resource
14 providers, representatives from religious/spiritual organizations,
15 and agents from other service systems.

16 3. "Responsible Person" means the parent or guardian of a
17 minor with a developmental disability, the guardian of an adult
18 with a developmental disability or an adult with a developmental

19 [disability who is a client or an applicant for whom no guardian](#)
20 [has been appointed as cited in A.R.S 36-551.](#)

21 **Attendant Care**

22 Description

23 This service provides assistance for a **m**Member to remain in their home and
24 participate in community activities by attaining or maintaining personal
25 cleanliness, activities of daily living, and safe and sanitary living conditions.
26 Barring exclusions noted in this section, Attendant Care (ATC) may include
27 the following as determined by the **m**Member's assessed needs [identified as](#)
28 [using the \(DDD-2039A\) HCBS Member Needs Assessment Tool as outlined in](#)
29 [1620-B:÷](#)

- 30 A. Meal preparation and clean up (e.g., meal planning, preparing foods,
31 special diets, clean-up, and storing foods);
- 32 B. Eating and assistance with eating;
- 33 C. Bathing (e.g., washing, drying, transferring, adjusting water, and
34 setting up equipment);
- 35 D. Dressing and grooming (e.g., selecting clothes, taking off and putting
36 on clothes, fastening braces and splints, oral hygiene, nail care,
37 shaving, and hairstyling);

- 38 E. Toileting (e.g., reminders, taking off and putting on clothes and/or
39 undergarments, cleaning of catheter or ostomy bag);
- 40 F. Mobility (e.g., physical guidance or assisting with the use of
41 wheelchair);
- 42 G. Transferring;
- 43 H. Cleaning;
- 44 I. Laundry (e.g., putting clothes in washer or dryer, folding clothes,
45 putting away clothes);
- 46 J. Shopping (e.g., grocery shopping and picking up medications);
- 47 K. Attending to certified service animal needs; and,
- 48 L. General supervision for a ~~m~~Member who cannot be safely left alone.

49 ~~(See Appendix A, B and C.)~~

50 Responsible Person's Participation (Attendant Care)

51 The Responsible Person ~~member/family must~~shall ~~is responsible to~~ provide:

- 52 A. Needed supplies (e.g., cleaning supplies) or money for supplies. Money
53 must be provided in advance when the Attendant Care provider is
54 expected to shop for food, household supplies, or medications; and,
- 55 B. Documentation required for the approval of this service.

56 Considerations (Attendant Care)

- 57 When assessing the need for this service, the following factors ~~shall~~ will be
58 considered:
- 59 A. A Responsible person, ~~Due to~~ advancing age, a temporary or
60 permanent documented physical or cognitive/intellectual disability or
61 documentation of other limitations, the Responsible Person ~~parent or~~
62 guardian cannot meet a ~~mMember's child's~~ basic care needs;
- 63 B. ~~A~~ Due to the mMember child has's intensive medical, physical, or
64 behavioral challenges, which are a result of their disability, ~~the parent~~
65 ~~or guardian cannot meet the child's care needs;~~
- 66 C. ~~A~~ The mMember ~~child,~~ due to a medical condition or procedure related
67 to their disability, is unable to attend their current school/work/day
68 program, ~~and natural support(s) is/are unavailable to provide care;~~
- 69 D. ~~An~~ The adult ~~mMember~~ is unable to meet specific, basic personal care
70 needs;
- 71 E. ~~An~~ The adult ~~mMember~~ lives alone and is temporarily unable to meet
72 basic personal care needs due to a medical condition or illness;
- 73 F. ~~A~~ If a ~~The mMember's'~~ needs are not currently met due to
74 unavailability of an assessed service, ~~and~~ Attendant Care can meet
75 their needs as an ~~may be used as an~~ alternative service;

- 76 G. ~~A~~ The mMember has medical or physical needs, was living in a
77 Developmental Home, Group Home, Intermediate Care Facility,
78 Nursing Facility, or other out of home setting~~placement~~, and with
79 Attendant Care, the mMember will be able to return home;
- 80 H. ~~A~~ When a mMember selected a spouse to provide s Attendant Care,
81 therefore ~~if~~, ~~the~~ total hours of Attendant Care may not exceed 40,
82 regardless of who provides the care.~~;~~
- 83 ~~In addition, the member may not receive any similar or like service (i.e.,~~
84 ~~Homemaker). (Habilitation services are not a similar or like service.);~~
- 85 I. Attendant Care services are subject to monitoring and supervision as
86 outlined in the Request for Qualified Vendor Agreement (RFQVA) and
87 AHCCCS Policy~~RFQVA~~Arizona Health Care Cost Containment System
88 (AHCCCS) policy; ~~and,~~
- 89 J. ~~A~~ When a family mMember requests to become the Attendant Care
90 Provider for a mMember ~~over the age of~~ 18 or older, the Support
91 Coordinator/designee will conduct a personal interview with the
92 mMember to verify that they want the family mMember to provide
93 care; ~~;~~

94 K. Supervision shall be considered for mMembers who demonstrate: When
95 assessing for Supervision, the member must meet the criteria
96 indicated in one of the four categories as outlined below:

97 1. UnSafe Behaviors

98 a. Documentation of behaviors placing the mMember at risk
99 of injury to self or others; AND

100 b. Documentation the mMember is receiving or pursuing
101 services through a behavioral health agency/professional;
102 or,

103 c. Habilitation outcomes to decrease unsafe behaviors have
104 been unsuccessful in the past.

105 2. Medical Needs

106 a. Documentation is required from a medical professional
107 describing a severe medical need or physical condition that
108 would place the mMember at risk if left alone.

109 3. Confused/Disorientationed

110 a. Documentation of the presence of confusion or
111 disorientation such that they are unable to perform
112 functional activities; or,

113 b. Documentation indicating a loss of skills that are unlikely
114 to be regained.

115 4. Wandering risk

116 a. ~~Applicable to members who are age 13 to 17 year old. The~~
117 risk to the mMember from wandering is because of their
118 documented disability.

119 b. ~~There is dDocumentation of the child youth-leaving a~~
120 situation or environment neither notifying nor receiving
121 permission from the appropriate individuals; AND,

122 c. The mMember youth is at risk to self or others when alone
123 in the community or may be unable to return safely.

124 5. For mMembers who are age 18 and older, unable to call for help,
125 even with the use of a lifeline.

126 If a mMember meets one of the four criteria above, supervision shall
127 be assessed is then based on the following age criteria:

128 a. For children age 12 and under when, supervision
129 may be provided when all of the following are met:

130 i. The child is unable to attend a day care center
131 due to one of the below factors:

- 132 a) The child's health and safety will ~~would~~
133 be at risk; OR
- 134 b) The health and safety of others will be at risk;
135 OR
- 136 c) The complexity of the child's needs
137 cannot be met. OR
- 138 c) A fundamental alteration of a day care
139 center would be required. This requires
140 documentation from the day care center;
- 141 ii. Child care in a private home or a before/after
142 school program offered by the school, local city, or
143 county is not available or cannot meet the child's
144 needs;
- 145 iii. For children age 3 and above, Day Services
146 Division funded summer or after school program is
147 not available or cannot meet the child's needs.
- 148 b. For ~~m~~Members age 13 and older when: supervision
149 may be provided when all of the following are met:

- 150 i. A Division funded program is not available or
151 cannot meet the Member's needs ~~has been~~
152 considered and is not appropriate;
- 153 ii. ~~T~~If still attending school, the ~~m~~Member
154 receives enhanced staffing, a self-contained
155 classroom setting, or assistance from an aide at
156 school as documented on their Individual Education
157 Plan
- 158 iii. ~~M~~For members who have ~~meeting~~ Wandering
159 or Unsafe Behavior ~~criteria, if appropriate,~~ is evident
160 and the ~~m~~Member has received, is receiving, or will
161 receive Habilitation to minimize the need for
162 supervision in the future.
- 163 6. ~~Documents that may provide justification of medical necessity~~
164 for supervision may include, but are not limited to the following:
- 165 a. ~~Individual Support Plan;~~
- 166 b. ~~Individualized Education Program (IEP);~~
- 167 c. ~~Multi-Disciplinary Education Team (MET);~~
- 168 d. ~~Medical Documentation;~~

- 169 ~~e. Psychiatric/Psychological Evaluation;~~
- 170 ~~f. Clinical Notes;~~
- 171 ~~G. Incident Reports;~~
- 172 ~~g. Pre Admission Screening (PAS);~~
- 173 ~~h. Police Reports;~~
- 174 ~~i. J. Inventory for Client and Agency Planning (ICAP); and,~~
- 175 ~~j. Adaptive Mini-Mental (Pre-Dementia Screening Tool).~~

176 Settings (Attendant Care)

177 Attendant Care Services may only be provided:

- 178 A. In the ~~m~~Member's own home (unlicensed);
- 179 B. In an Independent Developmental Home when there is a specific issue,
180 problem, or concern that is believed to be temporary or short term,
181 and the service is approved by the Assistant Director/designee; and,
- 182 C. In the community:
 - 183 1. While accompanying the ~~m~~Member; or,
 - 184 2. While shopping or picking up medications.
- 185 D. In the hospital when:
 - 186 1. It has been assessed by the ~~m~~Member's ~~p~~lanning ~~t~~eam, and

- 187 2. Necessary supports for communication or intensive personal care
188 are not available, or
189 3. When the ~~m~~Member requires those services for communication
190 and behavioral stabilization and such services are not covered.

191 Exclusions (Attendant Care)

192 Exclusions to the authorization of Attendant Care service are indicated
193 below. Exceptions shall be approved by the District Manager.

194 A. The Attendant Care Service:

- 195 1. Shall not substitute for private pay day care or a ~~m~~Member's
196 school program. ~~for children;~~
197 ~~2. Shall not cover before and after school care needs, days when~~
198 ~~there is no school, half school days, holidays, or summer and~~
199 ~~winter breaks, or for babysitting' unless a member child meets~~
200 ~~the criteria for supervision;~~
201 ~~3.~~ Shall not be provided for acute illnesses that prevent the
202 ~~member child~~ from attending private daycare or school. ~~;~~
203 ~~4. Shall not be provided while the member is hospitalized;~~

204 ~~54.~~ ~~Shall not substitute for Work, Day Program, Transportation, or~~
205 ~~Habilitation, unless those services are not available to the~~
206 ~~member;~~

207 a. ~~When used as a substitute, Attendant Care shall be used~~
208 ~~only until an appropriate service is available; or,~~

209 b. ~~When the appropriate service has been refused, Attendant~~
210 ~~Care cannot be used as a substitute.~~

211 ~~65.~~ ~~Shall not substitute for Respite;~~

212 ~~76.~~ ~~Shall not be received during the provision of a Division funded~~
213 ~~Employment or Day Program;~~

214 ~~83.~~ Shall not be used to avoid residential licensing requirements. ~~;~~

215 ~~and,~~

216 ~~4.~~ ~~Shall not be provided on the same day as Homemaker~~
217 ~~services.;~~

218 ~~95.~~ Shall not be used to take the place of ~~care augment and support~~
219 ~~the member's existing informal care provided by the natural~~
220 ~~support system for children.~~

221 B. The tasks below are not included as part of the Attendant Care
222 Service:

- 223 1. Cleaning up after parties (e.g., family celebrations and holidays);
- 224 2. Cleaning up several days of accumulated dishes;
- 225 3. Preparing meals for family **m**Members;
- 226 4. Routine lawn care;
- 227 5. Extensive carpet cleaning;
- 228 6. Caring for household pets;
- 229 7. Cleaning areas of the home not used by the **m**Member (e.g.,
230 parents' bedroom or sibling's bathroom);
- 231 8. Skilled medical tasks. (See Appendix D – Skilled Nursing
232 Matrix.); and,
- 233 9. Shopping for a child living in the family home.

234 The Division will not authorize Attendant Care when the only tasks
235 identified are cleaning, shopping and laundry.

236 **Homemaker (Housekeeping)**

237 Service Description and Goals (Homemaker)

238 This service provides assistance in the performance of activities related to
239 routine household maintenance at a **m**Member's residence. The goal of this
240 service is to increase or maintain a safe, sanitary, and/or healthy
241 environment for eligible **m**Members.

242 Service Settings (Homemaker)

243 This service ~~would~~ occurs in the ~~m~~Member's own home or family's home. It
244 ~~would~~ occurs outside only when unsafe/unsanitary conditions exist and ~~wou~~
245 ~~ld occur~~ in the community when purchasing supplies or medicines.

246 Service Requirements (Homemaker)

247 Before Homemaker can be authorized, the following requirements must be
248 met:

249 A. Safe and sanitary living conditions shall be maintained only for the
250 ~~m~~Member's personal space or common areas of the home the
251 ~~m~~Member shares/uses.

252 B. Tasks may include:

- 253 1. Dusting;
- 254 2. Cleaning floors;
- 255 3. Cleaning bathrooms;
- 256 4. Cleaning windows (if necessary to attain safe or sanitary living
257 conditions);
- 258 5. Cleaning oven and refrigerator (if necessary to prepare food
259 safely);
- 260 6. Cleaning kitchen;

- 261 7. Washing dishes;
- 262 8. Changing linens and making beds; and⁷
- 263 9. Routine maintenance of household appliances.
- 264 A. Washing, drying, and folding the mMember's laundry (ironing only if
- 265 the mMember's clothes cannot be worn otherwise).
- 266 B. Shopping for and storing household supplies and medicines.
- 267 C. Unusual circumstances may require the following tasks be performed:
- 268 1. Tasks performed to attain safe living conditions:
- 269 a. Heavy cleaning such as washing walls or ceilings; and⁷
- 270 b. Yard work such as cleaning the yard and hauling away
- 271 debris.
- 272 2. Assist the mMember in obtaining and/or caring for basic material
- 273 needs for water heating and food by:
- 274 a. Hauling water for household use;
- 275 b. Gathering and hauling firewood for household heating or
- 276 cooking including sawing logs and chopping wood into
- 277 usable sizes; and,
- 278 c. Caring for livestock used for consumption including
- 279 feeding, watering and milking.

280 3. Provide or ensure nutritional maintenance for the ~~m~~M~~e~~mber by
281 planning, shopping, storing, and cooking foods for nutritious
282 meals.

283 Target Population (Homemaker)

284 ~~Members who are eligible for or are receiving assistance through the~~
285 ~~Supplemental Payment Program (SPP) will not receive Housekeeping.~~
286 ~~Members who are not eligible for Arizona Long Term Care Services (ALTCS)~~
287 ~~should be referred to the SPP.~~ Needs are assessed by the Support
288 Coordinator [using the \(DDD-2039A\) HCBS Member Needs Assessment Tool](#)
289 [as outlined in 1620-B.](#) ~~based upon what is normally expected to be provided~~
290 ~~by a m~~M~~e~~mber and/or his/her caregiver. ~~It is important to remember that~~
291 ~~Housekeeping services are based on "assessed need", and not on a~~
292 ~~person's or the family's stated desires regarding specific services.~~

293 Consideration should be made to age appropriate expectations of the
294 ~~m~~M~~e~~mber and his/her entire family (what can reasonably be expected of
295 each ~~m~~M~~e~~mber based on his/her age).

296 ~~The team should consider the natural supports available and not supplant~~
297 ~~them.~~ In addition to the guidelines found in this section, there may be a
298 need for the SPP if any of the following are factors:

- 299 A. A Member is living with his/her family and has intense medical,
300 physical, or behavioral needs; and the family Members are unable to
301 care for the Member and maintain a safe and sanitary environment;
- 302 B. A Member is living with his/her family and the family members have
303 their own medical/physical needs that prevent the family members
304 from maintaining a safe and sanitary environment (documentation of
305 the medical/physical needs may be required);
- 306 C. A Member is living independently and has medical/physical needs
307 that preclude him/her from maintaining/attaining a safe and sanitary
308 environment;
- 309 D. A Member is living independently and has demonstrated that he/she
310 cannot maintain a safe and sanitary environment. Habilitation should
311 be considered before using Housekeeping so the Member's abilities
312 may be maximized; and;
- 313 E. The family is experiencing a crisis that prevents them from
314 maintaining a safe and sanitary environment. The situation would be
315 documented in the Member's progress notes and the service delivery
316 would be of a time-limited nature.

317 Exclusions (Homemaker)

318 The following exclusions apply to the provision of Homemaker:

319 A. Homemaker is to be performed only for the ~~member's~~ Members' areas of the
320 home or common areas of the home used by the ~~member~~ Member. ~~e.g.,~~

321 ~~parents' or siblings' bedrooms or bathrooms would not be cleaned.~~

322 ~~Other examples of inappropriate use of Homemaker shall not be used~~

323 ~~to services include:~~

324 1. Cleaning up after parties;

325 2. Cleaning up several days of accumulated dishes;

326 3. Preparing meals for the whole family; and,

327 4. Routine lawn care.

328 B. Homemaker shall not be provided to ~~member~~ Members residing in group

329 homes, vendor supported developmental homes, skilled nursing

330 facilities, non-state operated Intermediate Care Facilities for Persons

331 with an Intellectual Disability or Level I or Level II Behavioral Health

332 Facilities.

333 Homemaker Shall not be used to take the place of the member's

334 existing informal supports.

335 Service Provision Guidelines (Homemaker)

336 Typical utilization of Homemaker would be two to four hours per week.

337 Additionally:

338 A. The Responsible Person ~~mMember or family~~ is expected to provide all
339 necessary supplies;

340 B. This service shall not be provided when the ~~mMember~~ is hospitalized
341 or otherwise receiving institutional services. The service may only be
342 provided at the end of hospitalization to allow the ~~mMember~~ to return
343 to a safe and sanitary environment; and,

344 C. Members residing in Group Homes, Foster Homes or Adult
345 Developmental Homes shall not receive this service.

346 ~~Utilization of Homemaker will be in accordance with the Service~~

347 ~~Authorization Matrix.~~

348 ~~Provider Types and Requirements (Homemaker)~~

349 ~~Designated District staff will ensure all contractual requirements related to~~
350 ~~Homemaker providers are met before services can be provided. Additionally,~~
351 ~~all providers of ALTCS must be certified by the Division and registered with~~
352 ~~AHCCCS prior to service initiation.~~

353 Service Evaluation (Homemaker)

354 The Individual Support Plan/Individualized Family Service Plan/Person
355 Centered Plan review (Plan Review) shall document appropriateness of this
356 service based upon the Support Coordinator's observation and input from
357 the ~~Member~~, family, and provider.

358 Service Closure (Homemaker)

359 This service is no longer appropriate when:

- 360 A. The ~~Member~~'s medical, physical or behavioral needs have decreased;
361 B. The physical/medical needs of the family ~~Members~~ have decreased;
362 C. The family is no longer experiencing crisis;
363 D. The ~~Member~~ no longer resides at home, has moved out of state, or
364 when the ~~Member~~ is no longer eligible for ALTCS;
365 E. The ~~Member~~ moves to a residential or institutional setting; or
366 F. The family has adequate resources or other support to provide the
367 service. ~~A Notice of Intended Action must be sent in accordance with~~
368 ~~the processes defined in of this policy manual.~~

369 Other Homemaker Services

- 370 A. The amount of Homemaker provided shall be determined based on the
371 home requirements for a safe and sanitary environment. If more than

372 one eligible ~~m~~Member resides in the home, payment will not be made
373 twice for cleaning common areas of the home.

374 ~~B. If the family is receiving supplemental payments for other members in~~
375 ~~the home, the Support Coordinator shall determine if the~~
376 ~~Supplemental Payment Program (SPP) is meeting the family's needs.~~

377

378

379 Signature of Chief Medical Officer:

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381