

Home Care Agency Licensure and HCBS Waiver Personal Care Regulation
 Provider Qualifications

Home Care Agency Licensure Regulation 6 CCR 1011-1 Chapter XXVI (Unless Otherwise Noted)	Medicaid Program Regulation 10 CCR 2505-10 (Unless Otherwise Noted)	Federally Approved HCBS Waiver Application
Licensure/Certification Requirements		
<p>5.1 License classification</p> <p>(A) A home care agency shall be issued a license consistent with the type and extent of services provided. Unless otherwise specified, each agency shall meet the requirements in section 6 of this chapter as well as sections 7 and/or 8 depending upon the services provided.</p> <p style="padding-left: 40px;">Class A - a home care agency that provides any skilled healthcare service. Agencies with a Class A license may also provide personal care services.</p> <p style="padding-left: 40px;">Class B - a home care agency that provides only personal care services. An agency with a Class B license shall not provide any skilled healthcare service.</p> <p>...</p> <p>(D) Services provided to the developmentally disabled</p> <p>(1) On or after September 1, 2011, a community centered board that is directly providing home care services shall be licensed as either a Class A or B home care agency depending on the services being provided.</p> <p>(2) On or after September 1, 2011, a service agency that has received program approval from the Department of Human Services (DHS) as a developmental disabilities service agency under rules promulgated by DHS that is providing services pursuant to the supported living services waiver or the children's extensive support waiver shall be licensed as either a Class A or B home care agency depending on the services being provided.</p> <p>(3) Pursuant to <i>Section 27-10.5-109(2), C.R.S.</i>, Independent Residential Support Services provided</p>	<p>HCBS-SLS & CES</p> <p>8.500.98.A and 8.503.90.A Provider Requirements – A private or profit or not for profit agency or government agency shall meet the minimum provider qualifications as set forth in the HCBS Waiver and shall:</p> <p>...</p> <p>6. When applicable, maintain the required licenses from the Colorado Department of Public Health and Environment.</p>	<p>HCBS-SLS & CES</p> <p>Appendix C1/C3 Provider Specifications</p> <p>Licensure: N/A</p> <p>Certificate: DHS/DDD Program Approval required for PASAs and CCB/OCDHS agencies. N/A for Independent Contractors</p> <p>HCBS-EBD</p> <p>Appendix C1/C3 Provider Specifications</p> <p>Licensure: Home Care Agency, Class A or B</p> <p>Certificate: Certified as a Medicaid provider of Home and Community Based Services C.R.S; 10 C.C.R. 2505-10, Section 8.489</p>

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<p>by the Colorado Department of Human Services (DHS) do not require licensure by the Department.</p> <p>(4) Nothing in this section relieves an entity that contracts or arranges with a community centered board or service agency, and that meets the definition of a "home care agency" under section 25-17.5-102, C.R.S., from the entity's obligation to apply for and operate under a license in accordance with these regulations.</p>		
Criminal History/Background Screening Requirements		
<p>5.2 License Procedure</p> <p>...</p> <p>(D) Each HCA owner, applicant or licensee shall submit a complete set of his or her fingerprints to the department. The department shall forward such fingerprints to the Colorado Bureau of Investigation for the purpose of conducting a state and national fingerprint-based criminal history record check utilizing the records of the Colorado Bureau of Investigation and the Federal Bureau of Investigation. The owner, applicant or licensee shall pay the costs associated with the fingerprint-based criminal history record check to the Colorado Bureau of Investigation.</p> <p>(1) No license shall be issued or renewed by the department if the owner, applicant, or licensee of the home care agency has been convicted of a felony or of a misdemeanor, which felony or misdemeanor involves moral turpitude or involves conduct that the department determines could pose a risk to the health, safety or welfare of HCA consumers.</p> <p>(2) Each HCA owner, applicant or licensee is under an affirmative obligation to inform the department if he or she is convicted of a felony or of a</p>	<p>HCBS-SLS & CES</p> <p>8.603.9.B Personnel and Contractor Administration – The community centered board or service agency may, in accordance with section 27-90-110, C.R.S., conduct background checks and reference checks prior to employing staff providing supports and services and contracting with Host Home and other providers.</p> <p>All Medicaid Providers</p> <p>8.130.35.A Screening For Excluded Employees and Contractors – As a condition of enrollment in the medical assistance program, each provider shall comply with the following requirements for screening for employees and contractors who have been excluded from participation in Medicaid and Medicare by the US Department of Health & Human Services Office of Inspector General:</p> <p>1. Each provider shall utilize the US Department of Health & Human Services Office of Inspector General's List of Excluded Individuals/Entities (www.oig.hhs.gov) to determine if a prospective employee or newly signed contractor has been excluded from participation in Medicaid.</p> <p>a. Such screening should be performed within five (5) business days of the date on which the new employee was hired or new contractor was signed.</p>	<p>HCBS-SLS & CES</p> <p>Appendix C-2 General Service Specifications</p> <p>Criminal history and/or background investigations are required.</p> <p>Administration and compliance with this requirement is reviewed at the time of survey of on-site surveys of service provider and case management agencies.</p> <p>All Program Approved Service Agencies (PASAs) and Community Centered Boards are required to complete employment reference checks prior to hire. Pre-employment criminal history and background investigations are required for all applicants for positions in which the staff person or contractor can be expected to be alone with the participant or is expected to provide direct waiver services, which includes all direct care staff (e.g., personal care staff, day program staff, transportation staff, etc.), respite providers, case managers, nurses and program supervisors, managers and directors. The scope of the criminal investigations includes statewide and federal databases. DHS/DDD Program Quality staff review compliance with requirements for such criminal history and background investigations at the time of on-site program quality surveys of all PASAs and CCBs. Requirements for such investigations are included in Standards for Program.</p>

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<p>misdemeanor that involves moral turpitude or conduct that the department determines could pose a risk to the health, safety or welfare of HCA consumers. Failure to advise the department of a conviction may result in non-renewal, or other appropriate sanctions, as set forth in sections 5.7, 5.8 and 5.9 of this chapter.</p> <p>6.3 Criminal History Record Checks</p> <p>(A) On or after June 1, 2009, the HCA shall require any individual seeking employment with the agency to submit to a criminal history record check.</p> <p>(B) The criminal history record check shall be conducted not more than 90 days prior to employment of the individual.</p> <p>(C) The cost of such inquiry shall be paid by either the home care agency or the individual seeking employment.</p> <p>(D) The HCA shall develop and implement policies and procedures regarding the employment of any individual who is convicted of a felony or misdemeanor to ensure that the individual does not pose a risk to the health, safety and welfare of the consumer.</p>	<ol style="list-style-type: none"> 1. Each provider shall screen its employees and contractors against the List of Excluded Individuals/Entities at least monthly to capture any exclusions or reinstatements that have occurred since the last search of the database. 2. If a provider determines that an employee or contractor of the provider has been excluded, then the provider shall report this to the Department within five (5) business days of the date of discovery. <p>8.130.4 Provider Agreement Termination – Existing contracts shall be terminated if the provider fails to disclose requested information or if any person who has an ownership or control interest in the entity, or who is an agent or managing employee of the entity, has been convicted of a criminal offense related to that person's involvement in any program established under Medicare, Medicaid, or the Title XX services program.</p> <p>Standard Provider Application, Provider Participation, M. - Pursuant to federal regulations at 42 CFR § 455.434, provider shall consent to criminal background checks including fingerprinting when required to do so under state law or by the level of screening based on risk of fraud, waste, or abuse as determined for the category of the provider.</p>	<p>The state does not maintain an abuse registry.</p> <p>HCBS-EBD Appendix C-2 General Service Specifications Criminal history and/or background investigations are required.</p> <p>Home Care Agencies (HCA) certified to provide Personal Care, Homemaker, and In-Home Support Services (IHSS) are licensed annually by the Department of Public Health and Environment (CDPHE). This licensure requires that any individual seeking employment with the agency submit to a Colorado Bureau of Investigation (CBI) criminal history record check. The criminal history record check must be conducted not more than 90 days prior to employment of the individual. To ensure that the individual does not pose a risk to the health, safety, and welfare of the consumer, HCAs must develop and implement policies and procedures regarding the employment of any individual who is convicted of a felony or misdemeanor.</p> <p>CDPHE will not issue a license or recommend certification until the agency conforms to all applicable statutes and regulations. Should it be found that an agency has not performed the criminal background investigations as required by licensure or regulatory standards, CDPHE requires the agency to submit a plan of correction within 30 days. CDPHE has the discretion to approve, impose, modify, or reject a plan of correction. Only after the plan of correction has been accepted will a license or recommendation for certification be issued. CDPHE sends the survey and licensing information to the Department for review. Agencies denied licensure or recommendation for certification by CDPHE are not approved as Medicaid providers.</p>

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<p>(1) Consumer records kept in the home or individual consumer documents not included in the HCA's permanent record shall be made available to the department within two hours of request if the last visit occurred 14 or more days prior to the request. The time for production may be extended at the department's discretion.</p> <p>(2) The consumer file and administrative records including, but not limited to, census and demographic information, complaint and incident reports, meeting minutes, quality assurance and annual program review documents shall be provided to the inspector commencing within 30 minutes of request. The time for production may be extended at the department's discretion.</p> <p>(D) Inspections shall not be conducted in a home care consumer's home without the consumer's consent.</p> <p>(E) The HCA shall provide accurate and truthful information to the department during inspections, investigations and licensing activities. Failure to provide information requested by the department and known to the agency shall be grounds for action against a license.</p>	<p>A. If appropriate, a corrective action plan to satisfy the requirements of a provisional approval.</p> <p>.25 Determination of certification approval, provisional approval or denial shall be made by the Department within sixty (60) days of receipt of the completed application from the agency.</p>	<p>Providers that have no deficiencies are surveyed every 24 to 36 months. In addition, if DPHE receives a complaint involving client care, the findings of the investigation may be grounds for CDPHE to initiate a full survey of the provider agency regardless of the date of their last survey.</p>
Personnel Records / Contractor Administration		
<p>6.11 Personnel records and policies</p> <p>(A) Agency policy shall direct any program or service offered by the HCA directly or under arrangement is provided in accordance with the plan of care and agency policy and procedure.</p> <p>(1) The HCA shall define the required competence, qualifications, and experience of staff in each program or service it provides.</p>	<p>HCBS-SLS & CES</p> <p>8.603.9 Personnel and Contractor Administration</p> <p>A. Community centered boards and program approved service agencies shall establish qualifications for employees and contractors (Host Home and other providers) and maintain records documenting the qualifications and training of employees and contractors who provide services pursuant to these rules and regulations.</p>	

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<p>(2) Personnel policies shall be available to all full and part-time employees.</p> <p>(B) Personnel records for all employees shall include references, dates of employment and separation from the agency, and the reason for separation. Personnel records for all employees shall also include:</p> <p>(1) Qualifications and licensure that are kept current.</p> <p>(a) Qualifications include confirmation of type and depth of experience, advanced skills, training and education; and appropriate, detailed and observed competency evaluation and written testing overseen by a person with the same or higher validated qualifications.</p> <p>(2) Orientation to the agency,</p> <p>(3) Job descriptions for all positions assigned by the agency, and</p> <p>(4) Annual performance evaluation for each employee.</p> <p>(C) Before employing any individual to provide direct consumer care or services, the agency shall contact the Colorado Department of Regulatory Agencies (DORA) to verify whether a license, registration or certification exists and is in good standing. a copy of the inquiry shall be placed in the individual's personnel file.</p>	<p>B. The community centered board or service agency may, in accordance with section 27-90-110, C.R.S., conduct background checks and reference checks prior to employing staff providing supports and services and contracting with Host Home and other providers.</p> <p>C. The community centered board in its role as support coordinating agency, as defined in section 8.609.1, shall have screening procedures for individual providers who are not agency employees and for other entities providing services and supports.</p> <p>D. The community centered board and program approved service agency shall have an organized program of orientation and training of sufficient scope for employees and contractors to carry out their duties and responsibilities efficiently, effectively and competently. The program shall, at a minimum, provide for:</p> <ol style="list-style-type: none"> 1. Extent and type of training to be provided prior to employees or contractors providing supports and services having unsupervised contact with persons receiving services; 2. Training related to health, safety and services and supports to be provided within the first ninety (90) days for employees and contractors; and, 3. Training specific to the individual(s) for whom the employees or contractors will be providing services and supports. . . <p>HCBS-EBD 8.847.10 General Certification Standards 12 Provider agencies shall have written policies and procedures for recruiting, selecting, retaining and terminating employees.</p>	

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	<p>...</p> <p>.17 Provider agencies shall maintain a personnel record for each employee. The employee record shall contain at least the following:</p> <ul style="list-style-type: none"> A. Documentation of employee qualifications. B. Documentation of training. C. Documentation of supervision and performance evaluation. D. Documentation that the employee was informed of all policies and procedures required by these rules. E. A copy of the employee's job description. 	

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<p>8.5 Personal Care Worker</p> <p>...</p> <p>(C) The duties of personal care worker may include the following:</p> <ol style="list-style-type: none"> (1) Observation and maintenance of the home environment that ensures the safety and security of the consumer. (2) Assistance with household chores including cooking and meal preparation, cleaning, and laundry. (3) Assistance in completing activities such as shopping, and appointments outside the home. (4) Companionship including, but not limited to, social interaction, conversation, emotional reassurance, encouragement of reading, writing and activities that stimulate the mind. (5) Assistance with activities of daily living, personal care and any other assignments as included in the service plan. (6) Completion of appropriate service notes regarding service provision each visit. Documentation shall contain services provided, date and time in and out, and a confirmation that care was provided. Such confirmation shall be according to agency policy. <p>...</p> <p>(E) In addition to the exclusions prescribed in the preceding section, the agency shall not allow personal care workers to:</p> <ol style="list-style-type: none"> (1) Perform skilled home health services as defined in section 3.20 of this chapter; 	<p>HCBS-SLS</p> <p>8.500.94.A.10 – Personal Care is assistance to enable a client to accomplish tasks that the client would complete without assistance if the client did not have a disability. This assistance may take the form of hands-on assistance by actually performing a task for the client or cueing to prompt the client to perform a task. Personal care services include:</p> <ol style="list-style-type: none"> a. Assistance with basic self care including hygiene, bathing, eating, dressing, grooming, bowel, bladder and menstrual care. b. Assistance with money management, c. Assistance with menu planning and grocery shopping, and d. Assistance with health related services including first aide, medication administration, assistance scheduling or reminders to attend routine or as needed medical, dental and therapy appointments, support that may include accompanying clients to routine or as needed medical, dental, or therapy appointments to ensure understanding of instructions, doctor's orders, follow up, diagnoses or testing required, or skilled care that takes place out of the home. e. Personal care services may be provided on an episodic, emergency or on a continuing basis. When personal care service is required, it shall be covered to the extent the Medicaid state plan or third party resource does not cover the service. f. If the annual functional needs assessment identifies a possible need for skilled care then the client shall obtain a home health assessment. 	<p>HCBS-SLS</p> <p>A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring, money management, grocery shopping), if they did not have a developmental disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cuing to prompt the participant to perform a task. Personal Care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.</p>

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<p>(2) Perform or provide medication set-up for a consumer; or</p> <p>(3) Perform other actions specifically prohibited by agency policy, regulations or law.</p>	<p>HCBS-CES 8.503.40.A.8 – Personal Care is assistance to enable a client to accomplish tasks that the client may complete without assistance if the client did not have a disability. This assistance may take the form of hands-on assistance by actually performing a task for the client or cueing to prompt the client to perform a task.</p> <ul style="list-style-type: none"> a. Personal care services include assistance with basic self care tasks that include performing hygiene activities, bathing, eating, dressing, grooming, bowel, bladder and menstrual care. b. Personal care services may be provided on an episodic, emergency or on a continuing basis. When personal care service is required it shall be provided by the HCBS-CES waiver only to the extent the Medicaid State Plan or third party resource does not cover the service. c. If the annual Functional Needs Assessment identifies a possible need for skilled care then the client shall obtain a home health assessment. <p>HCBS-EBD 8.489.11 – Personal care services means services which are furnished to an eligible client in the client's home to meet the client's physical, maintenance and supportive needs, when those services are not skilled personal care as described in the EXCLUSIONS section below, do not require the supervision of a nurse, and do not require physician's orders.</p> <p>8.489.20 General Personal Care Rules .21 Personal care services shall include unskilled personal care as defined under INCLUSIONS for each personal care task listed in Section 8.489.30.</p>	<p>HCBS-CES A range of assistance to enable participants to accomplish tasks that they would normally do for themselves (i.e. hygiene, bathing, eating, dressing, grooming, bowel and bladder care, menstrual care, transferring), if they did not have a disability. This assistance may take the form of hands-on assistance (actually performing a task for the person) or cueing to prompt the participant to perform a task. Personal care services may be provided on an episodic, emergency or on a continuing basis. When Personal Care and health-related services are needed, they may be covered to the extent the Medicaid State Plan, Third Party Resource or another waiver service is not responsible.</p> <p>HCBS-EBD Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. These services may include assistance with preparation of meals, but does not include the cost of the meals themselves. When specified in the service plan, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step parent), or to an individual by the person's spouse.</p>

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	<p>.22 Exclusions and Restrictions</p> <p>A. Personal care services shall not include any skilled personal care, which must be provided as home health aide services or as nursing services under non-HCBS programs. These services as defined under EXCLUSIONS for each personal care task listed in Section 8.489.30, shall not be provided as personal care services under HCBS, regardless of the level of the training, certification, or supervision of the personal care employee.</p> <p>B. Personal care staff shall not perform tasks that are not included under INCLUSIONS for each personal care task listed in Section 8.489.30, or tasks that are not listed. For example, personal care staff shall not provide transportation services and shall not provide financial management services. Clients, family, or others may choose to make private pay arrangements with the provider agency for services that are not Medicaid benefits, such as companionship.</p>	
Skin Care		
<p>8.5(D)(1) - Skin care. A personal care worker may perform general skin care assistance. A personal care worker may perform skin care only when skin is unbroken, and when any chronic skin problems are not active. The skin care provided by a personal care worker shall be preventative rather than therapeutic in nature and may include the application of non-medicated lotions and solutions, or of lotions and solutions not requiring a physician's prescription. Skilled skin care includes wound care other than basic first aid, dressing changes, application of prescription medications, skilled observation and reporting. Skilled skin care should be provided by an agency licensed to provide home health services.</p>	<p>HCBS-EBD 8.489.31.B SKIN CARE</p> <p>1. INCLUSIONS: Skin care is considered unskilled only when skin is unbroken, and when any chronic skin problems are not active. Unskilled skin care must be of a preventive rather than a therapeutic nature, and may include application of non-medicated lotions and solutions, or of lotions and solutions not requiring a physician's prescription; rubbing of reddened areas; reporting of changes to supervisor; and application of preventive spray on unbroken skin areas that may be susceptible to development of decubiti. Unskilled skin care does not include any of the care described under skilled skin care in the EXCLUSIONS section below.</p>	

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	<p>2. EXCLUSIONS: Skin care is considered skilled when there is broken skin, or potential for infection due to a chronic skin condition in an active stage. Skilled skin care includes wound care, dressing changes, application of prescription medications, skilled observation and reporting, but does not include use of sterile technique.</p>	
Ambulation		
<p>8.5(D)(2) Ambulation A personal care worker may generally assist consumers with ambulation who have the ability to balance and bear weight. If the consumer has been determined by a health professional to be independent with an assistive device, a personal services worker may be assigned to assist with ambulation.</p>	<p>HCBS-EBD 8.489.31.I. AMBULATION 1. INCLUSIONS: Assistance with ambulation is considered unskilled only when skilled transfers, as described under EXCLUSIONS, are not required in conjunction with the ambulation. In addition, when assisting a client with adaptive equipment, the client must be fully trained in the use of such equipment; and when assisting someone in a cast, there must be no need for observation and reporting to a nurse, and no need for skilled skin care, as described under EXCLUSIONS. Adaptive equipment may include, but is not limited to, gait belts, walkers, canes and wheelchairs. 2. EXCLUSIONS: Assistance with ambulation is considered skilled when skilled transfers, as described under EXCLUSIONS for transfers at 8.489.31,K,2, are required in conjunction with the ambulation. In addition, when assisting a client with adaptive equipment, it is considered skilled if the client is still being trained in the use of such equipment; and assisting someone in a cast is considered skilled if there is a need for observation and reporting to a nurse, or if there is a need for skilled skin care, as described under EXCLUSIONS for skin care at 8.489.31,B,2</p>	
Bathing		
<p>8.5(D)(3) Bathing</p>	<p>HCBS-EBD 8.489.31.A. BATHING</p>	

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<p>A personal care worker may assist consumers with bathing. When a consumer has skilled skin care needs or skilled dressings that will need attention before, during or after bathing, the consumer should be in the care of an agency licensed to provide home health services.</p>	<p>1. INCLUSIONS: Bathing is considered unskilled only when skilled skin care, skilled transfer, or skilled dressing, as described under EXCLUSIONS, is not required in conjunction with the bathing.</p> <p>2. EXCLUSIONS: Bathing is considered skilled when skilled skin care, skilled transfer or skilled dressing is required, as described under EXCLUSIONS for skin care at 8.489.31,B,2, EXCLUSIONS for transfers at 8.489.31,K,2, or EXCLUSIONS for dressing at 8.489.31,G,2.</p>	
Dressing		
<p>8.5(D)(4) Dressing A personal care worker may assist a consumer with dressing. This may include assistance with ordinary clothing and application of support stockings of the type that can be purchased without a physician's prescription. A personal care worker shall not assist with application of an ace bandage and anti-embolic or pressure stockings that can be purchased only with a physician's prescription.</p>	<p>HCBS-EBD 8.489.31.G DRESSING</p> <p>1. INCLUSIONS: Dressing is considered unskilled only when skilled skin care or skilled transfer, as described under EXCLUSIONS, is not required in conjunction with the dressing. Unskilled dressing may include assistance with ordinary clothing; application of support stockings of the type that can be purchased without a physician's prescription; application of orthopedic devices such as splints and braces, or of artificial limbs, if considerable manipulation of the device or limb is not necessary, and if the client is fully trained in the use of the device or limb and is able to instruct the personal care staff.</p> <p>2. EXCLUSIONS: Dressing is considered skilled when skilled skin care or skilled transfer, as described under EXCLUSIONS for skin care at 8.489.31,B,2 or EXCLUSIONS for transfers at 8.489.31,K,2, is required in conjunction with the dressing. Skilled dressing may include application of anti-embolic or other pressure stockings that can be purchased only with a physician's prescription; application of orthopedic devices such as splints and braces, or of artificial</p>	

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	limbs, if considerable manipulation of the device or limb is necessary, or if the client is still learning to use the device or limb.	
Exercise		
<p>8.5(D)(5) Exercise A personal care worker may assist a consumer with exercise. However, this does not include assistance with a plan of exercise prescribed by a licensed health care professional. A worker may remind the consumer to perform ordered exercise program. Assistance with exercise that can be performed by a personal care worker is limited to the encouragement of normal bodily movement, as tolerated, on the part of the consumer and encouragement with a prescribed exercise program. A personal care worker shall not perform passive range of motion.</p>	<p>HCBS-EBD 8.489.31.J. EXERCISES 1. INCLUSIONS: Assistance with exercises is considered unskilled only when the exercises are not prescribed by a nurse or other licensed medical professional. Unskilled assistance with exercise is limited to the encouragement of normal bodily movement, as tolerated, on the part of the client. Personal care staff shall not prescribe nor direct any type of exercise program for the client. 2. EXCLUSIONS: Assistance with exercises is considered skilled when the exercises are prescribed by a nurse or other licensed medical professional. This may include passive range of motion.</p>	
Feeding		
<p>8.5(D)(6) Feeding Assistance with feeding may generally be performed by a personal service worker. Personal care workers can assist consumers with feeding when the consumer can independently chew and swallow without difficulty and be positioned upright. Unless otherwise allowed by statute, assistance by a personal care worker does not include syringe, tube feedings and intravenous nutrition. Whenever there is a high risk that the consumer may choke as a result of the feeding the consumer should be in the care of an agency licensed to provide home health services.</p>	<p>HCBS-SLS 8.614 GASTROSTOMY SERVICES Gastrostomy services shall not be provided by any person who is not otherwise authorized by law to administer gastrostomy services except under the supervision of a licensed nurse or physician pursuant to the requirements of these rules. A. An individual who is not authorized by law to administer gastrostomy services may administer gastrostomy services to an individual requiring gastrostomy services only if a licensed nurse or physician first: 1. Develops a written individualized protocol for the individual receiving gastrostomy services which is based on the individual's physician orders, meets the requirements of section 8.614.E, and is</p>	

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	<p>updated each time that the physician's orders change for that individual's gastrostomy services;</p> <p>2. Oversees training given to the unlicensed person and documents such training, as provided in section 8.614.G, and directly observes the unlicensed person performing the gastrostomy services until such time as the unlicensed person reaches proficiency, which is defined as such person performing all aspects of the individualized protocol referred to above, at least three consecutive observations without error, and,</p> <p>3. Performs gastrostomy services for each individual receiving such services at least once prior to the time that the unlicensed person provides any such services for that individual.</p> <p>B. For staff who are performing gastrostomy services for several individuals with similar protocols, the licensed nurse or physician overseeing their training may document their proficiency with less than three (3) observations for each individual receiving services. The alternative method for establishing proficiency of each staff shall be documented.</p> <p>C. A licensed nurse or physician shall monitor each unlicensed person who is performing gastrostomy services for an individual requiring such services pursuant to section 8.614.A, to ensure that such unlicensed person is properly implementing the orders of the physician and the individualized protocol referred to in section 8.614.A, on a quarterly basis during the first year and semi-annually thereafter, unless more frequent monitoring is required by the individualized protocol. Such monitoring shall be</p>	

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	<p>documented in the record of the individual receiving gastrostomy services.</p> <p>D. When changes are made in the physician's order for gastrostomy services and/or in the individual's protocol, the licensed nurse or physician overseeing the training shall determine the extent of training required to ensure that the unlicensed person(s) authorized to provide such services pursuant to section 8.614.A, continues to be proficient in performing all aspects of gastrostomy services.</p> <p>E. An individualized protocol shall be maintained in the record of the individual receiving gastrostomy services for whom it is prepared and shall include at least the following:</p> <ol style="list-style-type: none"> 1. The proper procedures for preparing, storing and administering gastrostomy services; 2. The proper care and maintenance of the gastrostomy site, needed materials and equipment; 3. The identification of possible problems associated with gastrostomy services; and, 4. A list of health professionals to contact in case of problems, including the physician of the individual receiving gastrostomy services and the licensed nurse(s) and/or physician(s) who are responsible for monitoring the unlicensed person(s) performing gastrostomy services pursuant to section 8.614.C. <p>F. A licensed physician shall review and approve the individualized protocol for each individual receiving gastrostomy services through a nasogastric tube.</p>	

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	<p>G. The licensed nurse or physician who oversees the training given to an unlicensed person to perform gastrostomy services for the individual pursuant to section 8.614.A shall document in the record of such individual the following:</p> <ol style="list-style-type: none"> 1. The date or dates on which the training occurred; 2. The fact that, in the opinion of such licensed nurse or physician, the unlicensed individual has reached proficiency in performing all aspects of the individualized protocol referred to in section 8.614.A.1; and, 3. The legible signature and title of such licensed nurse or physician. <p>H. Notwithstanding anything contained in these regulations to the contrary, any person administering medication(s) through gastrostomy tubes shall be subject to the requirements of section 25-1.5-303, C.R.S.</p> <p>I. The program approved service agency shall assure that there is documentation in the record of each individual receiving gastrostomy services for each gastrostomy service provided to him or her, the following, at a minimum:</p> <ol style="list-style-type: none"> 1. A written record of each nutrient or fluid administered; 2. The beginning and ending time of the nutrient or fluid intake; 3. The amount of nutrient or fluid intake; 4. The condition of the skin surrounding the gastrostomy site; 5. Any problem(s) encountered and action(s) taken; and, 6. The date and signature of the person performing the procedure. 	

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	<p>HCBS-EBD 8.489.31.H. FEEDING 1. INCLUSIONS: Feeding is considered unskilled only when skilled skin care or skilled dressing, as described under EXCLUSIONS, is not required in conjunction with the feeding, and when oral suctioning is not needed on a stand-by or other basis. Unskilled feeding includes assistance with eating by mouth, using common eating utensils, such as forks, knives and straws. 2. EXCLUSIONS: Feeding is considered skilled when skilled skin care or skilled dressing, as described under EXCLUSIONS for skin care at 8.489.31,B,2 or EXCLUSIONS for dressing at 8.489.31,G,2, is required in conjunction with the feeding, and when oral suctioning is needed on a stand-by or other basis. Syringe feeding is also considered skilled. Feeding is skilled if there is a high risk of choking that could result in the need for emergency measures such as CPR or Heimlich maneuver.</p>	
Hair Care		
<p>8.5(D)(7) Hair care As a part of the broader set of services provided to consumers who are receiving personal services, personal care workers may assist consumers with the maintenance and appearance of their hair. Hair care within these limitations may include shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription, drying, combing and styling of hair.</p>	<p>HCBS-EBD 8.489.31.C. HAIR CARE 1. INCLUSIONS: Hair care is considered unskilled only when skilled skin care, transfer, or skilled dressing, as described under EXCLUSIONS-, is not required in conjunction with the hair care. Hair care under these limitations may include shampooing with non-medicated shampoo or shampoo that does not require a physician's prescription, drying, combing and styling of hair. 2. EXCLUSIONS: Hair care is considered skilled when skilled skin care, skilled transfer, or skilled dressing, as described under EXCLUSIONS for</p>	

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	skin care at 8.489.31,B,2, EXCLUSIONS for transfers at 8.489.31,K,2, or EXCLUSIONS for dressing at 8.489.31,G,2, is required in conjunction with the hair care.	
Mouth Care		
<p>8.5(D)(8) Mouth care A personal care worker may assist and perform mouth care. This may include denture care and basic oral hygiene. Mouth care for consumers who are unconscious, have difficulty swallowing or are at risk for choking and aspiration should be performed by an agency licensed to provide home health services.</p>	<p>HCBS-EBD 8.489.31.E MOUTH CARE 1. INCLUSIONS: Mouth care is considered unskilled only when skilled skin care, as described under EXCLUSIONS, is not required in conjunction with the mouth care. Mouth care under these limitations may include denture care and basic oral hygiene. 2. EXCLUSIONS: Mouth care is considered skilled when skilled skin care, as described under EXCLUSIONS for skin care at 8.489.31,B,2, is required in conjunction with the mouth care; or when there is injury or disease of the face, mouth, head or neck; or in the presence of communicable disease; or when the client is unconscious; or when oral suctioning is required.</p>	
Nail Care		
<p>8.5(D)(9) Nail care A personal care worker may assist generally with nail care. This assistance may include soaking of nails, pushing back cuticles without utensils, and filing of nails. Assistance by a personal care worker shall not include nail trimming. Consumers with a medical condition that might involve peripheral circulatory problems or loss of sensation should be under the care of an agency licensed to provide home health services to meet this need.</p>	<p>HCBS-EBD 8.489.31.D NAIL CARE 1. INCLUSIONS: Nail care is considered unskilled only when skilled skin care, as described under EXCLUSIONS, is not required in conjunction with the nail care; and only in the absence of any medical conditions that might involve peripheral circulatory problems or loss of sensation. Nail care under these limitations may include soaking of the nails, pushing back cuticles, and trimming and filing of nails. 2. EXCLUSIONS: Nail care is considered skilled when skilled skin care, as described under EXCLUSIONS for skin care at 8.489.31,B,2, is required in conjunction with the nail care; and in the presence of medical</p>	

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	conditions that may involve peripheral circulatory problems or loss of sensation.	
Positioning		
<p>8.5(D)(10) Positioning A personal care worker may assist a consumer with positioning when the consumer is able to identify to the personal care staff, verbally, non-verbally or through others, when the positions needs to be changed and only when skilled skin care, as previously described, is not required in conjunction with the positions. Positioning may include simple alignment in a bed, wheelchair, or other furniture.</p>	<p>HCBS-EBD 8.489.31.L. POSITIONING 1. INCLUSIONS: Positioning is considered unskilled only when the client is able to identify to the personal care staff, verbally, non-verbally or through others, when the position needs to be changed; and only when skilled skin care, as described under EXCLUSIONS, is not required in conjunction with the positioning. Positioning may include simple alignment in a bed, wheelchair, or other furniture. 2. EXCLUSIONS: Positioning is considered skilled when the client is not able to identify to the caregiver when the position needs to be changed, and when skilled skin care, as described under EXCLUSIONS for skin care at 8.489.31,B,2, is required in conjunction with the positioning.</p>	
Shaving		
<p>8.5(D)(11) Shaving A personal care worker may assist a consumer with shaving only with an electric or a safety razor.</p>	<p>HCBS-EBD 8.489.31.F SHAVING 1. INCLUSIONS: Shaving is considered unskilled only when skilled skin care, as described under EXCLUSIONS, is not required in conjunction with shaving; and only an electric razor may be used. 2. EXCLUSIONS: Shaving is considered skilled when skilled skin care, as described under EXCLUSIONS for skin care at 8.489.31,B,2, is required in conjunction with shaving.</p>	
Toileting		
<p>8.5(D)(12) Toileting</p>	<p>HCBS-EBD 8.489.31.M. BLADDER CARE</p>	

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<p>A personal care worker may assist a consumer to and from the bathroom, provide assistance with bedpans, urinals and commodes; pericare, or changing of clothing and pads of any kind used for the care of incontinence.</p> <p>(13) A personal care worker may empty urinary collection devices, such as catheter bags. In all cases, the insertion and removal of catheters and care of external catheters is considered skilled care and shall not be performed by a personal care worker.</p> <p>(14) A personal care worker may empty ostomy bags and provide assistance with other consumer-directed ostomy care only when there is no need for skilled skin care or for observation or reporting to a nurse. A personal care worker shall not perform digital stimulation, insert suppositories or give an enema.</p>	<p>I. INCLUSIONS: Bladder care is considered unskilled only when skilled transfer or skilled skin care, as described under EXCLUSIONS, is not required in conjunction with the bladder care. Unskilled bladder care may include assisting the client to and from the bathroom; assistance with bed pans, urinals, and commodes; and changing of clothing and pads of any kind used for the care of incontinence. Emptying of foley catheter bags or suprapubic catheter bags is considered unskilled only if there is no disruption of the closed system; the personal care staff must be trained to understand what constitutes disruption of the closed system.</p> <p>2. EXCLUSIONS: Bladder care is considered skilled whenever it involves disruption of the closed system for a foley or suprapubic catheter, such as changing from a leg bag to a night bag. Care of external catheters is also considered, skilled.</p> <p>N. BOWEL CARE</p> <p>1. INCLUSIONS: Bowel care is considered unskilled only when skilled transfer or skilled skincare, as described under EXCLUSIONS, is not required in conjunction with the bowel care. Unskilled bowel care may include assisting the client to and from the bathroom; assistance with bed pans and commodes; and changing of clothing and pads of any kind used for the care of incontinence. Emptying of ostomy bags and assistance with other client-directed ostomy care is unskilled only when there is no need for skilled skin care or for observation and reporting to a nurse.</p> <p>2. EXCLUSIONS: Bowel care is considered skilled when skilled transfer or skilled skin care, as described under EXCLUSIONS for transfers at 8.489.31,K,2, or EXCLUSIONS for skin care at 8.489.31,B.2. is required in conjunction with the bowel care. Skilled bowel care includes digital</p>	

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	stimulation and enemas. Skilled bowel care may include care of ostomies that are new. and care of ostomies when the client is unable to self-direct the care, provided that sterile technique is not required.	
Transfers		
<p>8.5(D)(15) Transfers A personal care worker may assist with transfers only when the consumer has sufficient balance and strength to reliably stand and pivot and assist with the transfer to some extent. Adaptive and safety equipment may be used in transfers, provided that the consumer and personal care worker are fully trained in the use of the equipment and the consumer, consumer's family member or guardian can direct the transfer step by step. Adaptive equipment may include, but is not limited to wheel chairs, tub seats and grab bars. Gait belts may be used in a transfer as a safety device for the personal care worker as long as the worker has been properly trained in its use.</p> <p>(a) A personal care worker shall not perform assistance with transfers when the consumer is unable to assist with the transfer. Personal care workers, with training and demonstrated competency, may assist a consumer in a transfer involving a lift device.</p> <p>(b) A personal care worker may assist the informal caregiver with transferring the consumer provided the consumer is able to direct and assist with the transfer.</p>	<p>HCBS-EBD 8.489.31.K. TRANSFERS 1. INCLUSIONS: Assistance with transfers is considered unskilled only when the client has sufficient balance and strength to assist with the transfer to some extent. Except for Hoyer lifts, adaptive equipment may be used in transfers, provided that the client is fully trained in the use of the equipment and can direct the transfer step by step. Adaptive equipment may include, but is not limited to, gait belts, wheel chairs, tub seats, grab bars.</p> <p>2. EXCLUSIONS: Assistance with transfers is considered skilled when the client is unable to assist with the transfer. Use of Hoyer lifts is considered skilled, and use of other adaptive equipment is considered skilled if the client is still being trained in the use of the equipment.</p>	
Medication Assistance		
<p>8.5(D)(16) Medication Assistance Unless otherwise allowed by statute, a personal care worker may assist a consumer with medication only when the medications have been pre-selected by the consumer, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as medication minders. Medication</p>	<p>HCBS-SLS & CES 8.500.90, and 8.503 – MEDICATION ADMINISTRATION means assisting a client in the ingestion, application or inhalation of medication, including prescription and non-prescription drugs, according to the directions of the attending physician or other licensed health practitioner and making a written record thereof.</p>	<p>HCBS-SLS & CES Provider agencies are responsible for ongoing medication management and follow-up if requested by the waiver participant and when specified in the Service Plan. Requirements for staff training, assessment, administration, documentation and monitoring are set out at included in DHS/DDD rule 2 CCR 503-1</p>

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<p>minder containers shall be clearly marked as to day and time of dosage and reminding includes: inquiries as to whether medications were taken; verbal prompting to take medications; handing the appropriately marked medication minder container to the consumer; and, opening the appropriately marked medication minder container for the consumer if the consumer is physically unable to open the container. These limitations apply to all prescription and all over-the-counter medications. Any irregularities noted in the pre-selected medications such as medications taken too often, not often enough or not at the correct time as marked in the medication minder container, shall be reported immediately by the personal care worker to the supervisor.</p>	<p>8.609.2. Support Services General Provisions ...</p> <p>F. For persons receiving services who are assisted in the administration of medications by a person other than a relative, the following is required:</p> <ol style="list-style-type: none"> 1. A written record of medications, including time and the amount of medication, taken by the person; and, 2. Written orders by a licensed physician or dentist for all medications; and, 3. Documentation of the effects of psychotropic medications and any changes in medication; and, 4. The use of medication reminder boxes shall be pursuant to section 25-1.5-303(1) C.R.S. <p>HCBS-EBD 8.489.31.O. MEDICATION REMINDING 1. INCLUSIONS: Medication reminding is allowed as unskilled personal care only when medications have been preselected, by the client, a family member, a nurse, or a pharmacist, and are stored in containers other than the prescription bottles, such as medication minders. Medication minder containers must be clearly marked as to day and time of dosage, and must be kept in such a way as to prevent tampering. Medication reminding includes only inquiries as to whether medications were taken, verbal prompting to take medications, handing the appropriately marked medication minder container to the client, and opening the appropriately marked medication minder container for the client if the client is physically unable to open the container. Medication reminding does not include taking the medication out of the container. These</p>	<p>16.612. Monitoring the use of medications, including psychoactive medications, is the responsibility of case managers/CCBs,</p> <p>Monitoring- On-site monitoring by service agencies of the provision of services and supports, including medication administration, is required by DHS/DDD rule 2 CCR 503-1 16.612. The frequency of monitoring for medication management is commensurate with the level of complexity of the participant's medication regimen. Additionally, case managers monitor to ensure that the participant is receives his/her medications in conformance with the physician's orders for the medication. Monitoring methods include inspecting medications for labeling, safe storage, completing pill counts, reviewing and reconciling the medication administration records, and interviews with staff and participants.</p> <p>Psychoactive Medication- When service agency provider staffs assist participants in the administration of medications to change or modify a participant's behavior or to treat his/her psychiatric symptoms the agency is subject to additional requirements. Specifically, the participant's Service Plan must document the use of psychoactive medications and the agency staff must document the effects of the medication. The participant's case manager is responsible for monitoring that such required actions are completed. When the service provider agency or case manager have concerns about the participant's use of psychoactive medications the service provider is required to make a referral to the local HRC.</p>

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	<p>limitations apply to all prescription and all over the counter medications, including pm medications. Any irregularities noted in the preselected medications, such as medications taken too often or not often enough, or not at the correct time as marked on the medication minder container, shall be immediately reported by the personal care staff to a supervisor.</p> <p>2. EXCLUSIONS: Medication assistance is considered skilled care, and consists of putting the medication in the client's hand when the client can self-direct in the taking of medications.</p>	
Respiratory Care		
<p>8.5(D)(17) Respiratory care Respiratory care is considered skilled care and shall not be performed by a personal care worker. Respiratory care includes postural drainage, cupping, adjusting oxygen flow within established parameters, nasal, endotracheal and tracheal suctioning.</p> <p>(a) Personal care workers may temporarily remove and replace a cannula or mask from the consumer's face for the purposes of shaving, washing a consumer's face.</p> <p>(b) Personal care workers may set a consumer's oxygen flow according written instruction when changing tanks, provided the personal care worker has been specifically trained and demonstrated competency for this task.</p>	<p>HCBS-EBD 8.489.31.P. RESPIRATORY CARE</p> <p>1. INCLUSIONS: Respiratory care is not considered unskilled. However, personal care staff may clean or change the tubing for oxygen equipment, may fill the distilled water reservoir, and may temporarily remove and replace the cannula or mask from the client's face for purposes of shaving or washing the client's face. Adjustments of the oxygen flow are not allowed.</p> <p>2. EXCLUSIONS: Respiratory care is skilled care, and includes postural drainage, cupping, adjusting oxygen flow within established parameters, and suctioning of mouth and nose.</p>	
Accompaniment		
<p>8.5(D)(18) Accompaniment Accompanying the consumer to medical appointments, banking errands, basic household errands, clothes shopping, grocery shopping or other excursions to the extent necessary and as specified on the service plan may be performed by the personal care worker when all the care that is provided by the personal care</p>	<p>HCBS-EBD 8.489.31.Q. ACCOMPANYING</p> <p>1. INCLUSIONS: Accompanying the client to medical appointments, banking errands, basic household errands, clothes shopping, and grocery shopping to the extent necessary and as specified on the care plan is considered unskilled, when all the care that is provided by the</p>	

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staff in relation to the trip is unskilled personal care, as described in these regulations.	personal care staff in relation to the trip is unskilled personal care, as described in these regulations. Accompanying the client to other services is also permissible as specified on the care plan, to the extent of time that the client would otherwise receive personal care services in the home. Personal care for the purpose of accompanying the client shall only be authorized when a personal care provider is needed during the trip to provide one or more other unskilled personal care services listed in this Section. Accompanying the client primarily to provide companionship is not a covered benefit. 2. EXCLUSIONS: Accompanying is considered skilled when any of the tasks performed in conjunction with the accompanying are skilled tasks. Accompanying does not include transporting the client.	
Protective Oversight		
8.5(D)(19)Protective oversight A personal care worker may provide protective oversight including stand-by assistance with any personal care task described in these regulations. When the consumer requires protective oversight to prevent wandering, the personal care worker shall have been trained in appropriate intervention and redirection techniques.	HCBS-EBD 8.489.31.S. PROTECTIVE OVERSIGHT 1. INCLUSIONS: Protective oversight is considered unskilled when the client requires stand-by assistance with any of the unskilled personal care described in these regulations, or when the client must be supervised at all times to prevent wandering. 2. EXCLUSIONS: Protective oversight for standby assistance with personal care tasks is considered skilled if any of the tasks performed are skilled tasks. Protective oversight to prevent wandering is considered skilled if any skilled personal care tasks are performed while providing oversight.	
Respite Care		
8.5(D)(20) Respite care and companionship A personal care worker may provide respite and companionship in the consumer's home according to the service plan as long as the	HCBS-SLS & CES	HCBS-SLS Respite services provided on a short-term basis, because of the absence or need for relief to those persons who normally provide

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<p>necessary provision of services during this time does not include skilled personal care services as described in this regulation.</p>	<p>8.503.40.A.10 – Respite is provided to clients on a short-term basis, because of the absence or need for relief of the primary caregivers of the client.</p> <p>HCBS-EBD 8.492.11 – Respite care means services provided to an eligible client on a short-term basis because of the absence or need for relief of those persons normally providing the care.</p>	<p>care for the participant. Respite may be provided in the participant’s home/private place of residence or the private residence of a respite care provider. Federal financial participation is not to available for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence. Respite services shall be billed according to a unit rate or daily rate whichever is less.</p> <p>HCBS-CES Respite service may be provided to eligible participants, on a short-term basis, because of the absence or need for relief of the primary care-givers of the participant. Respite is to be provided in an age appropriate manner. The eligible participant older than 11 years of age may receive Respite during the time the care-giver works because same age typical peers do not need ongoing supervision at that age and the need for the respite is based on the child’s disability. Children, 11 years of age and younger, will not receive respite during the time the parent works because this is a typical expense for all working parents. In the event the cost of care during the time the parents work is more for an eligible participant, 11 years of age or younger, than it is for same age typical peers, then Respite may be used to pay the additional cost.</p> <p>Respite may be provided for siblings of eligible participant who reside in the same home and who are 11 years of age or younger in the event supervision is needed so the primary caretaker(s) can take the recipient to a service covered by state plan benefits or the waiver. Sibling care is not allowable for care needed due to parent’s work schedule or breaks.</p> <p>Federal financial participation is not available for the cost of room and board except when provided, as part of Respite care furnished</p>

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		<p>in a facility approved by the State that is not a private residence. Respite shall be billed according to a unit rate or daily rate whichever is less.</p> <p>HCBS-EBD Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.</p>
Housekeeping/Homemaker Services		
<p>8.5(D)(21) Housekeeping services. A personal care worker may provide housekeeping services, such as dusting, vacuuming, mopping, cleaning bathroom and kitchen areas, meal preparation, dishwashing, linen changes, laundry and shopping in accordance with the service contract. Where meal preparation is provided, the personal care worker should receive instruction regarding any special diets required to be prepared.</p>	<p>HCBS-SLS & CES 8.503.40.A.6. – Homemaker Services are provided in the client's home and are allowed when the client's disability creates a higher volume of household tasks or requires that household tasks are performed with greater frequency. There are two types of Homemaker Services: a. Basic Homemaker Services includes cleaning, completing laundry, completing basic household care or maintenance within the client's primary residence only in the areas where the client frequents. i) This assistance may take the form of hands-on assistance by actually performing a task for the client or cueing to prompt the client to perform a task. ii) Lawn care, snow removal, air duct cleaning and animal care are specifically excluded under HCBS-CES waiver and shall not be reimbursed. b. Enhanced Homemaker Services include Basic Homemaker Services with the addition of either procedures for habilitation or procedures to perform extraordinary cleaning. i) Habilitation services shall include direct training and instruction to the client in performing basic household tasks including cleaning, laundry, and household care which may include some</p>	<p>HCBS-SLS & CES Basic Homemaker Services Services that consist of the performance of basic household tasks within the participant's primary residence (i.e., cleaning, laundry, or household care) including maintenance which are related to the participant's disability and provided by a qualified homemaker, when the parent or primary caretaker is unable to manage the home and care for the participant in the home. This assistance must be due to the participant's disability that results in additional household tasks and increases the parent/caregiver's ability to provide care needed by the participant. This assistance may take the form of hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task.</p> <p>Enhanced Homemaker Services provided by a qualified homemaker that consist of the same household tasks as described under Basic Homemaker services with the addition of either habilitation or extraordinary cleaning. Habilitation includes direct training and instruction to the participant, which is more than basic cuing to prompt the participant to perform a task. Habilitation shall include a training program with specific objectives and anticipated outcomes. There may be some amount of incidental basic homemaker services that</p>

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	<p>hands-on assistance by actually performing a task for the client or enhanced prompting and cueing.</p> <p>ii) The provider shall be physically present to provide step by step verbal or physical instructions throughout the entire task:</p> <ol style="list-style-type: none"> 1) When such support is incidental to the habilitative services being provided, 2) To increase independence of the client, <p>c. Incidental Basic Homemaker Service may be provided in combination with Enhanced Homemaker Services; however, the primary intent must be to provide habilitative services to increase independence of the client.</p> <p>d. Extraordinary cleaning are those tasks that are beyond routine sweeping, mopping, laundry or cleaning and require additional cleaning or sanitizing due to the client's disability.</p> <p>HCBS-EBD</p> <p>8.490.1 – Homemaker Services means general household activities provided in the home of an eligible client provided by a Homemaker Provider Agency to maintain a healthy and safe home environment for a client, when the person ordinarily responsible for these activities is absent or unable to manage these tasks.</p> <p>...</p> <p>8.490.3.B. Benefits include:</p> <ol style="list-style-type: none"> 1. Routine light housecleaning, such as dusting, vacuuming, mopping, and cleaning bathroom and kitchen areas. 2. Meal preparation. 3. Dishwashing. 4. Bedmaking. 5. Laundry. 6. Shopping. 7. Teaching the skills listed above to clients who are capable of learning to do such tasks for themselves. Teaching shall result in a 	<p>is provided in combination with enhanced homemaker services, however, the primary intent must be to provide habilitative services to increase independence of the participant. Habilitation may include some hands-on assistance (actually performing a task for the participant) or cuing to prompt the participant to perform a task, only when such support is incidental to the habilitative services being provided and the primary duties must be to provide habilitative services to increase independence of the participant. Enhanced Homemaker services also include the need for extraordinary cleaning as a result of the participant's behavioral or medical needs.</p> <p>HCBS-EBD</p> <p>Services that consist of the performance of general household tasks (e.g. meal preparation and routine household care) provided by a qualified homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.</p>

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	decrease of weekly units required within ninety days. If such a savings in service units is not realized, teaching shall be deleted from the care plan.	