

Overview of Facility Reimbursement and Service Authorization

Facilities receive reimbursement from residents (e.g., SSI, SSA) and a supplemental cash grant from the Department of Social Services (DSS). These funds are intended to cover **basic needs**, including:

- Safe shelter (housekeeping, basic linens, and maintenance)
- Nutrition (food and food preparation)

Home and Community-Based Services (HCBS) are authorized only for participant needs beyond the basic services provided by the facility, as outlined in [Policy 3.20](#).

- Prompting and cueing alone cannot be authorized. There must be a need for hands-on assistance or active staff participation.
- Resident Safety: RCF/ALF residents must be mentally and physically able to evacuate safely with minimal assistance during emergencies.
 - ALF II Exception: May accept residents who cannot evacuate with minimal assistance only if staffing requirements are met and an individualized evacuation plan is in place.

Initiating an RCF/ALF (Re)Assessment

Before the assessment: Contact the legal guardian or authorized representative to verify participant information and explain the need for (re)assessment.

On-site protocol: Assessor must announce themselves to facility staff and state the purpose of the visit before meeting the participant.

Participant presence: The participant must be present during the (re)assessment.

Chart review: Assessor must verify:

- Number of medication passes per day
- Mental health monitoring
- Diagnoses
- Treatments

Additional requirements:

- Facility staff cannot sign forms for the participant.
- Assessor must view the participant's private room.
- Initial assessments (DSDS staff only): Care plan effective date is the date the assessment was completed and LOC determined.

InterRAI Coding

- Participants who reside in RCF/ALFs commonly have health conditions that impact their mental functioning and cognition. Collateral contact with facility staff (administrator, nurse, PC aide, family) is essential for accurate coding and task authorization.
- If the participant lacks the capacity to articulate the goal of care (assessment question A10), it would be acceptable for a collateral contact to provide the goal of care on the participant's behalf. Person providing the goal should be documented. (For further guidance see the [Goals Quick Guide](#).)
- Key Coding Standards:
 - **A12:** code "2" (assisted living/semi-independent living/board and care) for an RCF.
 - **A13a:** code "8" (lives with nonrelatives) for RCF/ALF.
 - **B5b:** code "1" for RCF/ALF residents.
 - **G4 & 5:** Code capacity based on presumed ability to safely complete the task in a less restrictive setting.
 - **Section P:** RCF/ALF staff are not considered informal helpers.
 - **Section S, Back-up Plan:** Must include contact name, relationship, assistance provided, and direct phone number.
 - Explore options outside the RCF first. If RCF staff are listed, include justification in case notes.
 - Example: "24-hour personal care assistance is available in an RCF. In an emergency, Bob Jones, RCF staff (555-555-5555), will assist until other arrangements are made."

Case Note Documentation

Document the following:

- Number of medication passes.
- Justification for medically related household tasks beyond licensure requirements
- Verification of times/tasks needed with facility staff
- Details for "other" nursing tasks (e.g., injections)
- Condition of the participant's personal space.
- Source of information gathered from all collateral contacts.

Care Planning

Self-Administration of Medications:

- Up to 3 passes/day = 15 min (1 unit)
- 4+ passes/day = 30 min (2 units)
- Nebulizer/CPAP assistance and cleaning time may be added. Time/frequency should be

based on the time it takes staff to assist the participant with the task, and the number of times needed each day. This includes time for cleaning of the machine.

Dietary task:

- 15 min per meal for physician-ordered diets
- Additional time for feeding assistance or meal preparation tasks

Other Nursing Tasks:

- Document injections in the comment box of the RN authorization
- Nail care that does not require a nurse may be authorized under dressing/grooming

Advanced Personal Care:

- Evaluate APC is to be authorized monthly if the participant is authorized for an Advanced PC task.
- Train APC is not needed due to facility already having nursing staff trained to complete APC tasks.

Incontinence Assistance

- May be authorized as a Medically Related Household or Toileting task
- Documentation should explain the need for the authorized task.
- At reassessment, authorization of these tasks should not be switched between the two tasks due to assessor's personal preference. (Changing tasks causes confusion for providers.)

Provider Change Requests: If a provider change is requested due to an HCBS participant transferring to an RCF/ALF:

- Start date of the new care plan authorization should be the date of admission if the request is made within 2 weeks of the participant entering the facility.
- If request was not made within 2 weeks of the RCF/ALF admission, the start date shall be the date the request is submitted to the PCCP Team.

Facility Policies: Tasks should **not** be authorized if assistance is provided solely due to facility policy, not participant need. Below are a few examples:

- Facility stores bathing supplies in secure areas, requiring staff retrieval
- Facility prohibits resident access to razors/knives, requiring staff to shave or cut food
- Facility follows general dietary guidelines without physician-ordered diet

Task	Need for Assistance	Suggested Units*	Items to consider
Dietary	• Physician Ordered Diet • Dietary Modification (e.g. softened food) • Assistance with Eating (e.g. food must be cut)	1 unit per meal; 3 units per day	Confirm diet is physician-ordered; justify additional time for feeding assistance.
Bathing	• Gathering bathing supplies and/or escorting to shower • Assistance in/out of shower • Hands on assistance with bathing tasks, such as washing and drying of the body, setting water temperature, handing bathing items, etc.	1-3 units per bath or shower depending on type of assistance needed	Does participant have the mental capacity to make appropriate decisions regarding: • Frequency & duration of bath/shower • Items needed to bathe • Amount of soap/shampoo to use • Needed supplies
Dressing & Grooming	• Hands-on assistance with putting on/removing clothing and/or fastening buttons, snaps, laces, etc. • Hands-on assistance with hygiene tasks, e.g. wash face, brush teeth, shave, nail care, etc. • Active participation by staff in form of selecting appropriate clothing and ensuring participant puts on clothing	1 unit per instance; (2 units per day)	Does participant have mental capacity to: • Choose appropriate clothing for weather or activity. • Choose clean options • Choose appropriately sized clothing • Put clothes on the correct way (inside out or backwards)
Mobility & Transfer	Hands-on assistance with walking, locomotion, and/or transfers.	Time and frequency are based on need.	Does participant have the capacity to move safely from one location to another?
Medications	Assist with self-administration of meds and/or topical application of lotions/creams/ointments: • 3x or less per day • 4x or more per day	1 unit/day 2 units/day	Would participant comply and maintain mental health without staff assistance?

Task	Need for Assistance	Suggested Units*	Items to consider
Toileting & Continence	Hands on assistance with the elimination of waste and/or cleaning self.	Time and frequency are based on need.	Can the participant: • Clean self after toileting • Adjust clothing/ change depends • Manage feminine hygiene products
Advanced Personal Care	Hands-on assistance with application of prescription ointments and non-injectable medications	1 unit per occurrence	
Nurse Visits	• Diabetic Nail Care, Evaluating APC, or Skin Monitoring • Medication Injection	1 visit per month Frequency of injection	Combine RN tasks in one visit when possible
Medically Related Household Task	Cleaning above and beyond licensure requirements due to medical need.	Time and frequency based on need.	Does the participant have: • Hoarding or destructive tendencies • Incontinence requiring more linen changes or room cleaning • Allergies requiring extra cleaning of room
Essential Correspondence	Assistance with: • Reading • Writing • Managing paperwork • Managing communications	15 min per week	Does the participant need assistance with: • Reading and responding to mail • Bill paying • Managing medical information/appts. • Completing Forms

*Suggested Time: Additional time can be authorized if the need is justified. Case notes should explain the need for authorizations over the suggested time/frequency.