



Pennsylvania Compensation Rating Bureau

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June 30, 2017

VIA SERFF

The Honorable Theresa D. Miller
Insurance Commissioner
Commonwealth of Pennsylvania
Insurance Department
1311 Strawberry Square
Harrisburg PA 17120

Attention: Michael McKinney, Actuarial Supervisor, Property & Casualty Bureau

**RE: PCRB Filing No. 285 – Proposed Effective October 1, 2017
Classification Procedural Change – Code 972, Attendant Care Services**

Dear Commissioner Miller:

Resulting from a staff review and on behalf of the members of the Pennsylvania Compensation Rating Bureau (PCRB), we hereby submit this filing proposing one revision to existing classification procedure as set forth in the PCRB Manual of Rules, Classifications and Rating Values for Workers' Compensation and for Employer's Liability Insurance (Basic Manual). This revision is proposed to be in effect for policies with effective dates on or after 12:01 a.m. October 1, 2017. This proposed effective date is intended to address as soon as possible what the PCRB considers to be an incorrect and unsustainable classification procedure. This proposal will not impact the loss cost for any classification but will impact the premiums of those employers who will be reclassified as a result of this procedural change.

As background, PCRB staff previously studied the classification applicable to attendant care services and presented the results of that study to the PCRB Classification and Rating Committee at the Committee's November 16, 2012 meeting. The focus of the previous study was to address classification and pricing concerns for attendant care consumers receiving governmental funding for the services they receive and who are considered to be the employer of the caregiver for workers' compensation insurance purposes (consumer as employer model). At the time, attendant care services under the consumer as employer model were classified to two domestic workers' classifications – Code 0913, Domestic Workers – Inside (for full time caregivers) and Code 0908, Domestic Workers – Inside – Occasional (for part time care givers). Codes 0913 and 0908 are per capita classifications meaning that a specified amount is applied on a per employee basis for the policy year. Staff opined that this pricing structure provided incentive to employers to skew the reporting of exposures to Code 0908, which has historically carried a lower PCRB per capita loss cost than Code 0913, and concluded that a transition to a classification with a payroll exposure base would eliminate this concern. PCRB recommended that attendant care services under the consumer as employer management model be reassigned from Codes 0913 and 0908 to the new and separate Code 972, which would use payroll as the exposure base. The Insurance Commissioner approved the PCRB's proposal effective for new and renewal business as of 12:01 a.m. April 1, 2013.

Following this approval, the PCRB began receiving inquiries from or on behalf of commercial home care agencies classified to Code 943, Home Health Care – Non-Professional Staff, to reclassify the home care agency from Code 943 to Code 972. Such requests were generally predicated on the home care agency's services being funded by an unspecified Medicaid waiver. This led staff to perform additional research in order to identify the governmental funding sources for attendant care. PCRB subsequently proposed that the Code 972 Manual language be revised to identify those funding sources. The Insurance Commissioner approved the PCRB's Code 972 Manual language proposal effective for new and renewal business as of October 1, 2016.

PCRB staff has since approved many requests to reclassify a commercial home care agency from Code 943 to Code 972 when more than 50% of the home care agency's funding comes from one of the specified governmental sources. Such reclassifications resulted in part from the limitations of the existing Code 972 Manual language, which does not provide a basis for disapproving such requests and is vague regarding the scope of Code 972. Conversely, staff has sustained the assignment of Code 943 to those commercial home care agencies that obtain less than 50% of their funding from the specified governmental sources. This has led to the existence of two classifications being assigned to the same type of business and exposure, with the only distinction being the business' funding source. With the ability to observe this over time, at present, the PCRB finds this to be at odds with the object of the classification plan. The PCRB has received comments and criticism from those home care agencies that remained classified to Code 943 that they are now at a competitive disadvantage to those home care agencies that have been reclassified from Code 943 to Code 972, as Code 972 carries a lower PCRB loss cost than Code 943. Further, Code 972 was originally created to classify only individual attendant care consumers but as a result of these reclassifications is now being applied to both individual consumers and commercial home care businesses. Going forward Code 972 will be consistently viewed as only for the consumer based model. Therefore, this filing provides the clarification necessary to return Code 972 to a definition originally intended for the Code.

Therefore, PCRB now recommends that those home care businesses that were reclassified from Code 943 to Code 972 have their original classification of Code 943 restored and Code 972 eliminated effective upon each employer's first policy issued with effective dates on or after October 1, 2017. This will bring the classification of commercial home care agencies in line with the original intent and objective of the classification procedure. Concurrently, the PCRB proposes revised Manual language that more clearly defines the scope of Code 972 and conveys that it does not apply to commercial home care agencies. The reclassification of commercial home care agencies from Code 972 back to Code 943 results in a rating value increase of 65.7% based on the April 1, 2017 PCRB loss costs. The PCRB acknowledges that this exceeds the April 1, 2017 maximum permissible rating value increase for an Industry Group 3 classification. The PCRB believes commercial home care agencies are misclassified to Code 972 and that to continue such assignment will compromise the uniform classification plan and may be viewed as discriminatory towards those commercial home care agencies which are properly classified to Code 943.

A staff memorandum dated June 1, 2017 which describes, explains and provides the reasoning for this proposal is included with this filing. The staff memorandum was presented to the Classification and Rating Committee at the Committee's June 21, 2017 meeting. The Committee expressed their support and was in favor of the proposal.

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As of this writing, 62 employers will be impacted by the proposal (up from the 59 cited in the June 1, 2017 memorandum). PCRB does not recommend a transition period for these employers since the necessary reclassifications from this filing are a result of a relatively recent reclassification. This allows for a reversal of an incorrect and inappropriate reassignment, although correct at the time. The impacted insured's short term premium relief, received from the original reclassification, would be mitigated or negated by the perceived premium increase resulting from being reassigned back to Code 943.

Thank you in advance for your prompt attention and review of this filing, particularly in light of the PCRB's desire to address this anomaly as soon as possible. The PCRB will be pleased to answer any questions your or the Insurance Department staff may have regarding this proposal.

Sincerely,

A handwritten signature in cursive script that reads "William V. Taylor".

William V. Taylor
President

Enclosures: June 1, 2017 Staff Memorandum
Revisions to Sections 1 & 2



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TO: Pennsylvania Compensation Rating Bureau (PCRB) Classification and Rating Committee

FROM: Robert Ferrante, Senior Classification Analyst – Technical Services

DATE: June 1, 2017

RE: Proposed Section 2 Classification Procedural Revision

This memorandum will propose one revision to classification procedure. The PCRB recommends that this revision become effective 12:01 a.m., October 1, 2017. This revision will not change any classification's loss cost rating value, but will impact the premiums of those employers who will be reclassified if the proposal is approved.

CLASSIFICATION APPLICABLE TO ATTENDANT CARE SERVICES

INTRODUCTION

Attendant care services are intended to allow individuals who have been diagnosed with a medically determinable physical or cognitive impairment to remain in their homes in lieu of placement in a residential care facility. The services involve assistance with activities of daily living. Activities of daily living include but are not necessarily limited to: eating and drinking, walking, transferring (i.e., getting in and out of bed or a chair), personal hygiene, dressing, and using the bathroom.

Attendant care for recipients (consumers) who qualify for governmental attendant care funding programs is coordinated through "fiscal employer agents." The fiscal employer agent is responsible for administrative tasks such as assisting consumers in applying for services, maintaining payroll records, and securing workers' compensation insurance. Presently there is a single, Commonwealth of Pennsylvania designated fiscal employer agent for attendant care services under the consumer as employer model. Under this model, the attendant care consumer is considered to be the employer of the caregiver for workers' compensation insurance purposes. As the employer, the consumer plays a role in the selection and hiring of the caregiver (who may be a friend, neighbor, family member or other individual), determining the caregiver's duties and schedule, and reviewing the caregiver's performance.

The governmental sources for attendant care funding are the Attendant Care Act (Act No. 150 of 1986) Program (a state program) and the following five Medicaid Waivers: Aging Waiver, Attendant Care Waiver, CommCare Waiver, Independence Waiver and OBRA Waiver. The PCRB is aware that a new initiative titled Community Health Choices will replace the five Medicaid waivers as a source for attendant care funding effective January 1, 2018. Community Health Choices does not replace the Attendant Care Act Program, which will remain in effect.

BACKGROUND

PCRB staff previously studied the classification applicable to attendant care services and presented the results of that study to the Committee at the Committee's November 16, 2012 meeting. Staff's 2012 study report noted that at the time attendant care services under the consumer as employer model were classified to Code 0913, Domestic Workers – Inside (for full time staff) and/or to Code 0908, Domestic Workers Inside – Occasional (for part time staff). Unlike the majority of PCRB classifications, payroll is not the exposure base for Code 0913 and Code 0908. Code 0913 and Code 0908 are "per capita" classifications meaning that a specified amount is applied on a per employee basis for the policy year. Staff's prior report noted that this classification procedure was problematic. It was thought that the rating value difference between Code 0913 and Code 0908 offered incentive for some employers using the consumer as employer model to skew reporting of staff exposures towards Code 0908 (Code 0908 historically carries a lower per capita loss cost than Code 0913). Staff's consideration of reclassifying attendant care services under the consumer as employer model from Code 0913 and Code 0908 to Code 943, Home Health Care – Non-Professional Staff, which is the classification applied to commercial home care businesses and uses the traditional payroll exposure base, was met with resistance from representatives of the home care industry who conveyed to staff that such reclassification could have a negative impact on future Code 943 PCRB loss costs. Staff was aware that other jurisdictions (e.g., Massachusetts) have created classifications focused to attendant care services which use the traditional payroll exposure base.

These considerations led staff to propose the creation of a new and separate classification for attendant care services under the consumer as employer model. The new and separate classification, Code 972, Attendant Care Services, would use payroll as the exposure base. The PCRB loss cost that staff proposed for Code 972 translated the experience for attendant care under the consumer as employer model from a per capita exposure base to a payroll exposure base using payroll data provided to the PCRB by fiscal employer agents. The Insurance Commissioner approved PCRB's classification proposal effective 12:01 a.m., April 1, 2013 with an approved April 1, 2013 PCRB loss cost of \$3.23 and the following classification description:

Applicable to a provider or the separate staff of a provider providing attendant care services pursuant to the Medicaid Waiver or Pennsylvania Attendant Care Act (Number 150 of 1986) that became effective July 1, 1987.

OPERATIONS NOT INCLUDED:

Separate staff performing home health care services shall be separately classified to either Code 942 or to Code 943 as provided in this Manual.

In late 2014 the PCRB began receiving inquiries from or on behalf of commercial home care providers classified to Code 943 to reclassify the commercial home care business from Code 943 to Code 972. Such inquiries were generally predicated upon the fact that the employer's services are funded by an unspecified "Medicaid Waiver." These requests prompted staff to perform additional research which disclosed that Medicaid funds are normally used to pay for an individual's nursing home or hospital fees after the individual's funds have been depleted. The "waiver" permits Medicaid funds to be used for an alternate purpose such as paying for long term in-home care services which enable the individual to reside in their home as long as medically feasible. Staff's research disclosed the five Medicaid waivers used to pay for attendant care services listed earlier in this memorandum. As a result of this additional

research, staff proposed revisions to the Code 972 Manual language in an effort to clarify the scope of the classification with respect to the funding sources that are used to pay for attendant care. The Insurance Commissioner approved the PCRB's Code 972 Manual language revision proposal effective October 1, 2016. The revised Code 972 classification description effective October 1, 2016 reads:

Applicable to a provider or the separate staff of a provider providing attendant care services pursuant to the Pennsylvania Attendant Care Act (Number 150 of 1986) that became effective July 1, 1987.

Payment to providers of attendant care services comes from the five Medicaid Waivers and one state-funded program listed below:

1. Aging Waiver
2. Attendant Care Act Program – funds appropriated by Pennsylvania's General Assembly
3. Attendant Care Waiver
4. CommCare Waiver
5. Independence Waiver
6. OBRA Waiver

OPERATIONS NOT INCLUDED:

Separate staff performing home health care services shall be separately classified to either Code 942 or to Code 943 as provided in this Manual.

Rule IV.C.1.a. (under "Object of the Classification Procedure"), found in Section 1, Page 17 of the Basic Manual states:

The object of the classification procedure is to assign the one basic classification which best describes each distinct business enterprise of the insured within Pennsylvania. Subject to certain exceptions described in this Rule, each classification includes all the various types of labor found in a distinct enterprise. It is the business which is classified, not the individual employments, occupations or operations within a business...

Typically, the PCRB determines an employer's business to be the manner in which the employer is principally engaged. The term "principally engaged" is defined as the business activity which generates more than 50 percent of an employer's overall revenue. Accordingly, staff has approved those requests submitted by or on behalf of commercial home care providers classified to Code 943 to reclassify the employer from Code 943 to Code 972 when the home care provider's principal source (i.e., more than 50%) of funding for the services provided comes from the Attendant Care Act Program and/or one or more of the five Medicaid waivers cited above. Because the existing Code 972 Manual language defines the scope of Code 972 only by funding source, staff had no basis for disapproving such requests. As of this writing, the PCRB has reclassified 59 commercial home care providers from Code 943 to Code 972. This has resulted in the existence of two classifications (Code 972 and Code 943) being applied to businesses that do the same thing – provide home care/attendant care services to individuals in the individuals' residences – with the only distinction being the funding source for the services provided.

Because an employer’s classification is based upon the employer’s field of business, the source of the employer’s funding should not be a factor in determining the employer’s applicable field of business classification. Further, the PCRB has received comments from those commercial home care providers whose requests for reclassification from Code 943 to Code 972 were disapproved because less than 50% of the commercial home care provider’s funding came from the Attendant Care Act Program and/or the five Medicaid waivers cited above. A common theme of those comments is that these employers are at a competitive disadvantage to those employers whose businesses were reclassified from Code 943 to Code 972 because they are providing the same services but are subject to higher workers’ compensation insurance costs. As illustrated in the chart below, the PCRB loss costs for Code 972 have been consistently lower than the PCRB loss costs for Code 943 since the creation of Code 972 on April 1, 2013:

Effective Date	Code 972	Code 943
April 1, 2017	\$1.72	\$2.85
April 1, 2016	\$2.17	\$3.12
April 1, 2015	\$2.50	\$3.22
April 1, 2014	\$2.88	\$3.53
April 1, 2013	\$3.23	\$3.84

CONCLUSION AND RECOMMENDATION

Staff concludes that PCRB erred in reclassifying the 59 home care providers referenced above from Code 943 to Code 972. As this memorandum has shown, the original intent behind the creation of Code 972 was to address classification and pricing concerns for attendant care services using the consumer as employer model. Staff does not consider commercial home care providers to be analogous to attendant care services under the consumer as employer model. Individuals receiving attendant care services under the consumer as employer model are not commercial businesses providing home care services to unrelated clients. Thus, commercial home care providers and individuals receiving attendant care services under the consumer as employer model should not be assigned to the same classification. Staff proposes that Code 972 be focused to attendant care services under the consumer as employer model and recommends that the 59 commercial home care businesses that were reclassified from Code 943 to Code 972 have their original classification of Code 943 restored and Code 972 eliminated effective upon each employer’s first policy effective on or after October 1, 2017. The reclassification of those 59 employers from Code 972 back to Code 943 results in a rating value increase of 65.7% based on the April 1, 2017 PCRB loss costs. Staff acknowledges that this exceeds the April 1, 2017 maximum permissible rating value increase of 18% for an Industry Group 3 classification but still recommends that these employers be reclassified so that the object of the classification procedure may be observed and all similarly situated commercial home care businesses be similarly classified. This will eliminate what those home care providers who remain classified to Code 943 have characterized as a competitive disadvantage based on funding source rather than operational characteristics. Further, staff is of the opinion that the inclusion of such businesses in Code 972 may be seen as a misclassification. Code 972 was not originally designed to contemplate commercial home care businesses. Payroll and loss data reported by commercial home care businesses was not considered in the development of the PCRB loss cost approved concurrent with the creation of Code 972 effective April 1, 2013. The impacted employers will have their original and correct classification restored while still having enjoyed a temporary assignment to Code 972 for specified policy periods effective prior to October 1, 2017.

Pennsylvania Compensation Rating Bureau Classification and Rating Committee
Re: Pennsylvania Classification Procedural Revision – Classification Applicable to Attendant
Care Services
June 1, 2017
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The enabling Basic Manual language revisions are attached.

**PENNSYLVANIA WORKERS COMPENSATION MANUAL OF RULES, CLASSIFICATIONS AND
RATING VALUES FOR WORKERS COMPENSATION AND FOR EMPLOYERS LIABILITY
INSURANCE**

Proposed Effective October 1, 2017

INFORMATION PAGE remains unchanged.

PREFACE remains unchanged.

MEMBERSHIP remains unchanged.

SECTION 1 remains unchanged

SECTION 2 – Rating Values remain unchanged

SECTION 2 - Classifications

972 ATTENDANT CARE SERVICES

~~Applicable to a provider or the separate staff of a provider...OBRA Waiver.~~ Attendant care is intended to allow individuals who have been diagnosed with a medically determinable physical impairment to remain in their homes in lieu of placement in a residential care facility. Attendant care workers assist individuals with activities of daily living, including but not necessarily limited to: eating and drinking, walking, transferring (i.e., getting in and out of bed or a chair), personal hygiene, dressing and using the bathroom.

This classification shall apply only to attendant care recipients (consumers) who: (1) qualify for federal and/or state attendant care funding programs (including but not limited to the Attendant Care Act Program) AND (2) are considered to be the employer of the caregiver for workers compensation insurance purposes (i.e., consumer as employer model). Attendant care services under the consumer as employer model are coordinated through a fiscal employer agent. The fiscal employer agent is responsible for administrative tasks such as assisting consumers in applying for services, maintaining payroll records and securing workers' compensation insurance. Commonwealth regulations require workers compensation insurance for attendant care under the consumer as employer model.

OPERATIONS NOT INCLUDED:

1. ~~Separate staff performing home health care services...as provided in this Manual.~~ Assign Code 943 to home care agencies providing attendant care services to their clients regardless of funding source. See Code 943 for additional information.

UNDERWRITING GUIDE

Attendant Care ~~Services~~ – Consumer As Employer Model

942 HOME HEALTH CARE SERVICES ~~Professional Staff,~~ – all employees except office

~~Please see the Home Health Care Services entry...for further information on the scope of this class.~~ Applicable to commercial agencies providing home health care services to clients. Home health care is clinical medical care provided by skilled medical professionals and includes but is not necessarily limited to: nursing care, home infusion therapy, and physical, speech and/or occupational therapy.

OPERATIONS ALSO INCLUDED:

1. Outside salespersons employed by a home health care provider.

OPERATIONS NOT INCLUDED:

1. Assign Code 943 to separate staff providing home care services. See Code 943 for additional information.
2. Assign Code 928 to separate staff selling or renting durable medical equipment or supplies such as hospital beds, wheelchairs, commodes, and walkers.

**PENNSYLVANIA WORKERS COMPENSATION MANUAL OF RULES, CLASSIFICATIONS AND
RATING VALUES FOR WORKERS COMPENSATION AND FOR EMPLOYERS LIABILITY
INSURANCE**

Proposed Effective October 1, 2017

UNDERWRITING GUIDE

Community Nursing Services ~~—Professional Staff~~
Home Health Care Services ~~—Professional Staff~~
Hospice Care Performed In Client's Residence ~~—Professional Staff~~
Nurse - Private Duty
Nurses - Visiting Patients in Private Homes
Private Duty Nurse
Public Health Nurse
Visiting Nurse

943 HOME HEALTH CARE SERVICES ~~—Nonprofessional Staff~~, all employees including office

~~Please see the Home Health Care Services entry...for further information on the scope of this class.~~ Applicable to commercial agencies providing home care services to clients. Home care is unskilled, non-clinical care provided by home health aides, attendant care aides, companions, live-ins and/or home support personnel. Services provided involve assistance with activities of daily living, including but not necessarily limited to: eating and drinking, walking, transferring (i.e., getting in and out of bed or a chair), personal hygiene, dressing, and using the bathroom.

OPERATIONS ALSO INCLUDED:

1. Attendant care services provided by a home care agency.

OPERATIONS NOT INCLUDED:

1. Assign Code 942 to separate staff providing home health care services. See Code 942 for additional information.
2. Assign Code 942 to the outside sales staff of a home care provider, whether or not the home care provider also provides home health care services.
3. Assign Code 972 to attendant care services using the consumer as employer model. See Code 972 for additional information.
4. Assign Code 928 to separate staff selling or renting durable medical equipment or supplies such as hospital beds, wheelchairs, commodes and walkers.

UNDERWRITING GUIDE

Chore Worker - Home ~~Health~~ Care Services
~~Community Nursing Services — Nonprofessional Staff~~
Home Health Aide
Home ~~Health~~ Care Services ~~— Nonprofessional Staff~~
Homemaker Service
Hospice Care Performed In Client's Residence ~~Nonprofessional Staff~~ — Home Care Services

GENERAL AUDITING & CLASSIFICATION INFORMATION

~~HOME HEALTH CARE SERVICES~~

~~Applicable to any business providing home health care services...that became effective July 1, 1987.~~

SECTION 2 – Underwriting Guide through **SECTION 6 – Merit Rating Plan** remain unchanged

**PENNSYLVANIA WORKERS COMPENSATION MANUAL OF RULES, CLASSIFICATIONS AND
RATING VALUES FOR WORKERS COMPENSATION AND FOR EMPLOYERS LIABILITY
INSURANCE**

Proposed Effective October 1, 2017

INFORMATION PAGE remains unchanged.

PREFACE remains unchanged.

MEMBERSHIP remains unchanged.

SECTION 1 remains unchanged

SECTION 2 – Rating Values remain unchanged

SECTION 2 - Classifications

972 ATTENDANT CARE

Attendant care is intended to allow individuals who have been diagnosed with a medically determinable physical impairment to remain in their homes in lieu of placement in a residential care facility. Attendant care workers assist individuals with activities of daily living, including but not necessarily limited to: eating and drinking, walking, transferring (i.e., getting in and out of bed or a chair), personal hygiene, dressing and using the bathroom.

This classification shall apply only to attendant care recipients (consumers) who: (1) qualify for federal and/or state attendant care funding programs (including but not limited to the Attendant Care Act Program) AND (2) are considered to be the employer of the caregiver for workers compensation insurance purposes (i.e., consumer as employer model). Attendant care services under the consumer as employer model are coordinated through a fiscal employer agent. The fiscal employer agent is responsible for administrative tasks such as assisting consumers in applying for services, maintaining payroll records and securing workers' compensation insurance. Commonwealth regulations require workers compensation insurance for attendant care under the consumer as employer model.

OPERATIONS NOT INCLUDED:

1. Assign Code 943 to home care agencies providing attendant care services to their clients regardless of funding source. See Code 943 for additional information.

UNDERWRITING GUIDE

Attendant Care– Consumer As Employer Model

942 HOME HEALTH CARE SERVICES– all employees except office

Applicable to commercial agencies providing home health care services to clients. Home health care is clinical medical care provided by skilled medical professionals and includes but is not necessarily limited to: nursing care, home infusion therapy, and physical, speech and/or occupational therapy.

OPERATIONS ALSO INCLUDED:

1. Outside salespersons employed by a home health care provider.

OPERATIONS NOT INCLUDED:

1. Assign Code 943 to separate staff providing home care services. See Code 943 for additional information.
2. Assign Code 928 to separate staff selling or renting durable medical equipment or supplies such as hospital beds, wheelchairs, commodes, and walkers.

**PENNSYLVANIA WORKERS COMPENSATION MANUAL OF RULES, CLASSIFICATIONS AND
RATING VALUES FOR WORKERS COMPENSATION AND FOR EMPLOYERS LIABILITY
INSURANCE**

Proposed Effective October 1, 2017

UNDERWRITING GUIDE

Community Nursing Services
Home Health Care Services
Hospice Care Performed In Client's Residence
Nurse - Private Duty
Nurses - Visiting Patients in Private Homes
Private Duty Nurse
Public Health Nurse
Visiting Nurse

943 HOME CARE SERVICES - all employees including office

Applicable to commercial agencies providing home care services to clients. Home care is unskilled, non-clinical care provided by home health aides, attendant care aides, companions, live-ins and/or home support personnel. Services provided involve assistance with activities of daily living, including but not necessarily limited to: eating and drinking, walking, transferring (i.e., getting in and out of bed or a chair), personal hygiene, dressing, and using the bathroom.

OPERATIONS ALSO INCLUDED:

1. Attendant care services provided by a home care agency.

OPERATIONS NOT INCLUDED:

1. Assign Code 942 to separate staff providing home health care services. See Code 942 for additional information.
2. Assign Code 942 to the outside sales staff of a home care provider, whether or not the home care provider also provides home health care services.
3. Assign Code 972 to attendant care services using the consumer as employer model. See Code 972 for additional information.
4. Assign Code 928 to separate staff selling or renting durable medical equipment or supplies such as hospital beds, wheelchairs, commodes and walkers.

UNDERWRITING GUIDE

Chore Worker - Home Care Services
Home Health Aide
Home Care Services
Homemaker Service
Hospice Care Performed In Client's Residence – Home Care Services

SECTION 2 – Underwriting Guide through **SECTION 6 – Merit Rating Plan** remain unchanged