

Personal Care Information Sheet



Activities of Daily Living (ADLs)

Personal care is determined for only the following ADLs:

- Bathing
- Grooming/hygiene
- Toileting
- Assistance with mobility (transfers, repositioning, ambulation)
- Assistance with consuming a meal

A member cannot get personal care for something they can do for themselves, unless there is documentation supporting a need for intermittent cuing or supervision while performing the ADL.

Instrumental Activities of Daily Living (IADLs)

The following are IADLs:

- Meal preparation
- Light housekeeping
- Medication assistance
- Laundry
- Shopping
- Transportation



A member cannot receive assistance with an IADL if no ADL need exists or if the need is based on a factor not related to a physical or cognitive condition.

Key Facts

Age-appropriate deficits apply to personal care. This means if a child without the same condition would require the same care by a parent or caregiver as part of normal childhood development, it is not covered for personal care. This is particularly relevant to IADLs and in younger children. For example, if a child under the age of 4 requires diapers for incontinence, this would be an age-appropriate deficit. Most IADLs are age-appropriate deficits in children 7-13 years of age, and all are considered age-appropriate deficits in children under the age of 7.

Safety and supervision requirements: Safety is specific to each ADL/IADL and not the need for constant supervision due to impulsiveness, poor judgement, wandering, or elopement (e.g., need for supervision when bathing to prevent a fall, or to prevent burns when preparing a meal or bathing).

Cuing requirements: Personal care for cuing must relate directly to the member's need to receive prompts to complete the ADL or IADL throughout the task due to an inability to recall or learn the task. The member must have a diagnosis that supports cognitive impairment. A member who needs cuing or prompting only to start the task does not meet medical necessity.

Service limitations and duplication of services: Members aged 21 and over have a maximum limit of 256 units per month. Day programs and supportive living cannot occur at the same time as personal care, and the total time approved for all services cannot exceed a 24-hour day.

Caregivers: The state and federal regulations prohibit a family member from being paid to perform personal care. A

family member is defined as:

- A beneficiary's spouse
- A minor beneficiary's parent, stepparent, foster parent, or anyone else acting as the minor's parent
- Legal guardian of the beneficiary
- Attorney-in-fact granted authority to direct the beneficiary's care

Assessment and Service Plan Documentation Requirements

Assessment and service plan documentation must:

- Specify the task and level of assistance required in detail in a manner that clearly describes the physical need for assistance, cuing, or supervision for each ADL/IADL requested. Below is an example of the level of detail required:
 - Assistance bathing and drying lower extremities, turn every two hours and assist with repositioning, cut food and carry plate to table, assist with zippers and buttons.
- Be only for activities the member cannot perform. If it is documented in an assessment that the member is independent, no time will be allotted. Medicaid billing prohibits billing for services the member can complete unassisted.
- Not be for care that is excluded from personal care services explained in ARTC.UM.19.
- Specify the activities care will be provided for, the time necessary to complete the task, and the frequency provided.
- List hours that match the units requested. If the hours listed in the service plan are less than the units requested, Arkansas Total Care will request an updated service plan. If not received, review will be based on the service plan sent with the request.
- For an increase in units, attach an updated service plan and assessment with the request, including appropriate records and physician signature.
- For acute conditions (e.g., fracture or injury that previously supported the need for personal care), include updated medical records addressing the ongoing need for personal care relating to said condition.

Note: If a parent or guardian supplies a personal care agency with the most recent IEP evaluation, Arkansas Total Care will accept this as a medical record if it contains PT/OT and/or cognitive functioning evaluation.

