Clinical Policy: Personal Care Services

Reference Number: AR.CP.MP.505
Last Review Date: 3/26

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Personal Care Services (PCS) are Medicaid services provided to assist members/enrollees who have documented functional limitations and require hands-on assistance or task-specific supervision to safely perform covered Activities of Daily Living (ADLs). Covered ADLs are limited to eating, bathing, dressing, personal hygiene, toileting, and ambulating.

When a qualifying need for assistance with at least one covered ADL is established, PCS may also include assistance with covered Instrumental Activities of Daily Living (IADLs) that are directly related to supporting the member/enrollee's ability to remain safely in the home or community. Covered IADLs include, and are limited to, meal preparation, incidental housekeeping, laundry, medication assistance/reminders, shopping, and transportation. Assistance with IADLs is considered only after an ADL need is established and is authorized solely for those tasks the member/enrollee is unable to perform safely due to a documented health-related functional limitation.

PCS are intended to support the member/enrollee's health and safety in the home or community setting and to prevent avoidable institutionalization. Services must be individualized, medically necessary, and directly related to the member/enrollee's documented health-related functional needs. PCS do not include services outside the scope of covered ADLs and IADLs.

Please see background for coverage and limitations.

Policy/Criteria

I. It is the policy of Arkansas Total Care that personal care services are **medically necessary** when the member/enrollee meets at least one condition in A. and all the conditions in B.

A. One of the following conditions is met:

1. Hands-on dependency for assistance with activity (physical dependence), all of the following:
   a. The member/enrollee has documented physical or cognitive impairment resulting in functional dependency requiring hands-on assistance to safely perform at **least one** qualifying activity of daily living (ADL), **including, and limited to**: eating, bathing, dressing, personal hygiene, toileting, or ambulating.
   Note: *Need for IADL dependency will only be considered after it is determined that ADL dependency in at least one covered ADL exists. IADL activities must meet same criteria for medical necessity under section I.A.1 hands-on dependency or Section I.A.2 task-specific need for supervision, cuing, or prompting.*
   b. The dependency must not be attributable solely to age-appropriate limitations, developmental stage, or typical caregiving needs.
   Note: *For pediatric members, assistance that would ordinarily be required for a child of the same age, in the absence of a health-related condition, does not establish medical necessity, unless the assistance required exceeds the normal assistance for a child of the same age.*

2. The need for task-specific supervision, cuing or prompting during ADL or IADL performance meets all of the following:
    a. The member/enrollee has a documented need for supervision, cuing, or prompting during performance of **least one** qualifying ADL, **including, and limited to:** eating, bathing, dressing, personal hygiene, toileting, or ambulating, and one of the following:
        i. The member/enrollee has a need for constant or intermittent supervision and meets all of the following:
            a) The member/enrollee has a documented neurological, or psychiatric condition affecting judgment, memory, executive functioning, or safety awareness, OR
            b) The member/enrollee has a documented medical condition that contributes to safety risk (IE fall risk, choking risk), AND
            c) This condition results in the member/enrollee being unable to safely perform a covered ADL or IADL without the presence of another person due to a task-specific safety risk, AND
            d) Supervision is required to ensure the member/enrollee can complete the covered ADL or IADL safely to prevent injury, unsafe conditions, or significant risk of harm during task performance, AND
            e) Supervision is only for the performance of a covered ADL or IADL associated with the safety risk.
        ii. The member/enrollee requires cues or prompts to perform the task and meets all of the following:
            a) The member/enrollee has documented medical, neurological, or psychiatric condition affecting memory, or executive functioning.
            b) The member/enrollee requires ongoing, step-by-step intervention (continuous or intermittently) during the covered ADL or IADL.
            c) Documentation supports that the member/enrollee is unable to retain or recall the steps to perform the task completion on a regular basis.

        Note: *IADL dependency will only be considered after it is determined that ADL dependency requiring supervision, cuing, or prompting in at least one covered ADL exists. IADL activities must meet same criteria for medical necessity under section I.A.1 hands-on dependency or Section I.A.2 task-specific need for supervision, cuing or prompting.*
    b. Supervision, cueing, or prompting is not provided for convenience, generalized oversight, or non-medical supervision.

        Note: *For pediatric members, supervision, cueing, or prompting that would ordinarily be required for a child of the same age, in the absence of a health-related condition, does not establish medical necessity, unless the assistance required exceeds the normal need for supervision, cuing, or prompting for a child of the same age.*

Note: *Behavioral symptoms, wandering, or refusal to perform tasks do not establish medical necessity unless they result in a documented health-related functional dependency (Section I.A.1 hands-on dependency) or a task-specific need for supervision, cuing, or prompting during performance of a covered ADL or IADL (Section I.A.2 task-specific need for supervision, cuing, or prompting).*

B. All of the following conditions are met:

***Note**: All submitted documentation is considered as part of the medical-necessity determination. However, approval of Personal Care Services must be supported by objective medical findings from a qualified licensed provider involved in the member/enrollee's care that demonstrate a health-related functional limitation meeting PCS criterion.*

1. Medical documentation requirements, all of the following:
   a. Member/enrollee's Arkansas Independent Assessment (ARIA) and/or other assessments support functional dependency or need for task-specific supervision, cuing or prompting.
   b. PCS must be ordered by a qualified licensed provider (MD, RNP, PA, or DO) acting within scope of practice.
      i. Initial requests should have a signature on the submitted PCS service plan/request form by the ordering provider.
      ii. Requests to increase hours should be accompanied by a physician signature on the PCS service plan.
   c. PCS assessment and service plan from the PCS provider with requested units must accompany records.
      i. This can be either the ARTC personal request form or the AR DHS form DMS-618 personal care assessment and service plan.
      ii. Requested periods of service should be the time to adequately cover the need for services due to temporary health condition, not to exceed a maximum of 12 months for a chronic condition.
      iii. Service plan should only include activities for which the member/enrollee has a dependency assessed.
      ***Note**: if the requested service units differ from the service plan and the submitted request, the service plan units will be utilized. Hours approved will be based on medical necessity review utilizing the Arkansas Time and Hours Standard for only those ADL and IADL activities that meet medical necessity criteria.*
   d. Requests for PCS must be supported by medical records from a physician, NP, PA, or other qualified licensed provider.
      i. Documentation must correlate:
         a) the member's health condition; with
         b) the functional dependency or need for task-specific supervision, cuing, or prompting requiring PCS.

***Note**: Availability of family or informal caregivers is considered as an alternative resource and does not, by itself, establish or negate PCS medical necessity. PCS providers should include any community resources within the request the member/enrollee is participating in. (IE meals on wheels).*

II. It is the policy of Arkansas Total Care that personal care services are **not medically necessary** when any of the following apply:

A. PCS is provided for any indication excluded in the Arkansas Medicaid Personal Care provider manual, including but not limited to:
   1. Medical or skilled services of any kind, including skilled nursing, pharmacy services, skilled therapies, medical social services, or medical technician services. PCS does

not cover clinical or skilled procedures such as medication administration, injections, sterile or aseptic procedures, wound care or dressing changes, observation or assessment of medical conditions, catheter insertion or irrigation, tube or enteral feedings, tracheostomy care, oxygen or ventilator management, blood draws, or the care, use, or maintenance of medical equipment.

2. Services that fall within the scope of practice of licensed cosmetologists, manicurists, electrologists, or aestheticians, except for necessary assistance with personal hygiene and basic grooming.
3. Services provided for individuals other than the member/enrollee, including family members, household residents, providers, or neighbors.
4. Companion services, socialization, entertainment, or recreational activities, including activities pursued primarily for leisure, relaxation, or fellowship.
5. Habilitation or skill-building services, including assistance with acquiring, retaining, or improving performance of ADL/IADL's, self-help, socialization, or adaptive skills.
6. Mental health counseling or behavioral health treatment services.
7. Childcare, babysitting, respite, or after-school care, and is not intended to replace parental or caregiver responsibilities for age-appropriate needs.
8. Assisting with homework.
9. Time that is not spent providing direct care to the member, including travel time, breaks, meals, or administrative activities such as documentation or paperwork, is not billable and is not included in PCS units.

B. PCS services for behavioral symptoms or behavioral management, any of the following:
   1. PCS are not medically necessary when the request is based primarily on behavioral symptoms or behavioral management needs, including behavioral outbursts, impulsiveness, emotional dysregulation, or non-compliance, unless documentation demonstrates meets medical necessity criteria for the specific ADL/IADL task in section I.A.1 Hands-on Dependency or I.A.2 task-specific need for supervision, cuing, or prompting.
   2. Behavioral supervision for monitoring, redirection, de-escalation, or behavior management outside the performance of a covered ADL or IADL does not meet PCS medical necessity.

      ***Note**: Behavioral health conditions are evaluated under the same functional criteria as physical conditions; services that constitute behavioral health treatment remain outside the scope of Personal Care Services.*

C. PSC services for wandering or elopement, any of the following:
   1. PCS are not medically necessary when the request is based on wandering or elopement risk, generalized safety monitoring, or supervision to prevent leaving an area, unless the documentation demonstrates that wandering creates a task-specific need for supervision, cuing, or prompting during performance of a covered ADL or IADL requiring continuous or recurrent intervention throughout task performance under section I.A.1 Hands-on Dependency or I.A.2 task-specific need for supervision, cuing, or prompting;
   2. Environmental monitoring or general presence unrelated to ADL or IADL task performance does not meet PCS medical necessity.

D. PCS services for refusal or unwillingness to perform tasks, any of the following:

1. PCS are not medically necessary when the basis for the request is refusal or unwillingness to perform tasks (by the member or caregiver), unless objective documentation supports:
    i. hands-on ADL dependency under Section I.A.1 or
    ii. a task-specific need for supervision, cuing, or prompting under Section I.A.2.
    ***Note**: Refusal, inconsistent participation, or lack of cooperation does not establish PCS medical necessity in the absence of documented medical-functional impairment.*

E. PCS services for prompting, any of the following:
    1. PCS are not medically necessary if the need for cuing is only to initiate, remind, or prompt a member to start a task specific to covered ADLs or IADLs.
    ***Note**: Prompting/cuing, or standby assistance must be provided throughout the duration of the specified task and linked to a designated safety risk or inability to complete the task without assistance.*

F. PCS services for age-appropriate deficits, any of the following:
    1. PCS are not medically necessary when assistance reflects age-appropriate caregiving needs, regardless of disability status, unless the need exceeds the care of a child of similar age without a health-related condition or limitation.

Background

Personal Care Services are authorized under federal Medicaid regulations to assist individuals who require assistance to safely perform activities essential to daily living in the home or community.

For members under the age of 21, coverage is governed by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit. EPSDT applies to medically necessary treatment needed to correct or ameliorate health conditions and does not convert custodial care, generalized supervision, or routine caregiving into medical treatment. EPSDT applies only when the requested service meets the definition of Personal Care Services under the State Plan.

Federal disability integration standards, including Olmstead v. L.C., require services to be provided in the most integrated setting appropriate to a member/enrollee's needs but do not expand Medicaid benefit scope beyond medically necessary services.

Per Arkansas Total Care, and in compliance with Arkansas Medicaid Services, PCS services are **covered and limited by the following**:

A. PCS must be delivered and billed in accordance with all applicable Medicaid statutes, regulations, and provider manuals.
    1. When services are furnished to more than one member/enrollee during the same period, time must be documented and billed separately for each member/enrollee based on the actual minutes of direct service provided to that member/enrollee.
    2. PCS are provided in the home or community setting and are not covered when provided in institutional settings, including hospitals, nursing facilities, ICF/IID facilities, or IMDs.
    3. Personal Care cannot be provided by a member of the person's family as defined by Arkansas Medicaid Personal Care manual. This includes and is limited to:
        a. A spouse
        b. A minor's parent, stepparent, foster parent, or anyone acting as a parent.

c. A minors guardian of the person, or anyone acting as such, or
d. An adult's guardian of the person or anyone acting as such.

B. For member/enrollees 21 years of age or older, the maximum limit is 64 hours (256 units) per month in accordance with Medicaid state benefits.
C. PCS services cannot duplicate any other services (IE day treatment, supportive living).
   1. PCS services cannot occur at the same time as these services, and total units for all services cannot exceed 24 hours in any particular day.
D. PCS must include hands-on assistance, supervision, or cuing as outlined in section I with at least one ADL.
   1. Approved units will be based on the Arkansas Time and Hours (THS) standard based on the clinical records and medical necessity review for needs.
   2. Covered ADLs are limited to eating, bathing, dressing, personal hygiene, toileting, and ambulating.
E. IADLs may only be covered after an ADL need is established.
   1. IADLs are covered only when the need exceeds age-appropriate expectations, regardless of disability, or reflect routine caregiving or household responsibilities in members under the age of 18.
   2. IADL's must include the need for hands-on assistance, supervision, or cuing as outlined in section I.
   3. IADLs are only covered specifically to the member/enrollee and are not covered for other household members.
   4. Covered IADLs include, and are limited to, meal preparation, incidental housekeeping, laundry, medication assistance/reminders, shopping, and transportation.

      Note: *Assistance with Instrumental Activities of Daily Living (IADLs) is covered only when the member/enrollee has a documented health-related functional limitation that meets Personal Care Services medical-necessity criteria. The need for PCS is not established by lack of knowledge, training, or instruction on how to perform an IADL, nor by environmental, social, or resource limitations, including lack of access to a vehicle, inability to drive, or availability of transportation resources*.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2018, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
T1019	Personal care services, per 15 minutes, individual

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date, conversion of ARTC.UM.19 to clinical policy	3/26	3/26

References

1. Arkansas Department of Human Services, Division of Medical Services. (n.d.). *Arkansas Medicaid provider manual: Personal care services*. https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/perscare-prov/

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.