



POLICY AND PROCEDURE MANUAL

Policy Number: PA.244.EMP
Last Review Date: 02/19/2024
Effective Date: 04/01/2024

PA.244.EMP Personal Care Services

This policy applies to the following lines of business:

- ✓ Empower Healthcare Solutions LLC (Empower) – Arkansas PASSE Program

Empower considers **Personal Care Services (PCS)** necessary for the following indications:

1. The member has intense and complex care needs that prohibit them from independently performing activities of daily living (ADL), such as maintaining good hygiene, proper nutrition, and clean-living space, AND
2. The member does not require service from a skilled or licensed provider, AND
3. The member must have an annual service plan on file dated no more than 1 year from the date the request is received, the personal care tasks to be performed, frequency and quantity of time allotted to each task, and an indication if the member can be safely cared for in their home or a facility-based program, AND
4. The primary caregiver is unable to perform the required tasks, AND
5. Direct care must be provided, not just oversight, cuing, or supervision (unless documentation indicates those services are needed to prevent harm to the member), AND
6. Services must be provided under the direction of a primary care physician (PCP) as evidenced by signature on the DMS-618, AND
7. The member requires ALL of the following:
 - a. Service plan management and evaluation to meet patient needs, promote improvement in daily functioning and/or ensure physical safety
 - b. Education services to teach patient self-maintenance or teach caregiver-patient care when possible
 - c. At least one hands-on service to address activities of daily living, including but not limited to:
 - Feeding
 - Bathing
 - Dressing

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- Personal Hygiene
- Toileting
- Ambulating

8. Other non-hands-on activities may also be considered:

- Incidental Housekeeping
- Laundry
- Taking Medications
- Shopping for Personal Maintenance Items

9. Members are eligible to receive personal care assistance with meal preparation if their physical dependency needs prevent or substantially impair them from performing meal preparation and clean-up tasks. Medical necessity must be demonstrated, and the dependency or need cannot be attributed to normal age-appropriate activities of daily living regarding children under the age of 18.

The following grid is used to calculate necessary hours of personal care services per month. All time allowances are at 15-minute increments. Requests for more than the allowance in the grid may result in denial.

| Personal Care Task | General Time Allowance Per Day |
|--|---|
| Bathing | |
| Full-body Bath: Tub, shower, or sponge/bed bath. | Up to 30 minutes. May rotate with partial bath based on recipient's needs |
| Partial Bath: A sponge bath includes, at minimum, bathing of the face, hands, and perineum. | 15 minutes per partial bath |
| Dressing | |
| Laying out clothing, handling, and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons | 15 minutes |
| Application of prosthetic devices or application of therapeutic stockings | May add 15 minutes for applying hose and/or prosthesis |

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| Grooming and Skin Care | |
|--|---|
| Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin. | 15-30 minutes |
| Shampoo and comb hair, basic hair care, basic nail care. | 15 minutes |
| Positioning | |
| Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed. | 15 minutes/every 2 hours when indicated |
| Transfers | |
| Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices. | 15 minutes/every 2 hours when indicated |
| Toileting and Maintaining Continence | |
| Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product. | 15-45 minutes |
| Eating | |
| Taking in food by any method. Extra time may be allowed for preparing a special diet. | 30 minutes per meal |
| Other Activities | |
| Shopping, housekeeping and laundry | 30 minutes |

Limitations

1. Benefit Limits

- Members over 21 years of age are limited to 64 hours (256 units) per month.
- There is no benefit limit for members under 21 years of age.

2. Service Limits

- Services may not be provided by certain members of the member's family (these include a spouse, a minor's parent, stepparent, foster parent or anyone acting as a minor's parent, legal guardian of the person). Personal Care Aides must meet the standards for personal care set by the Arkansas Department of Human Services Medicaid Personal Services Provider Manual.

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- PCS are not intended to replace the parent, meet childcare needs or to replace age-appropriate ADL deficiencies in the absence of the parent.
- PCS providing respite care for the primary care giver are not allowed.
- Personal care hours for shopping, housekeeping and laundry for members under 18 years of age will not be approved.

Definitions

- 1. Home and Community Based Services (HCBS)** - An array of services and supports that are largely non-medical in nature and that address the needs of individuals with functional limitations who need assistance with everyday activities. They are focused on functionally supporting individuals living in the community regardless of whether provided under 1905, 1915(c), or 1915(i) authority. HCBS services are generally an alternative to an institution. The actual services available to a member will be described in the member's PCSP.
- 2. Long-Term Services and Supports (LTSS)** - These services can be either institutional or non-institutional. When offered as an HCBS service, the LTSS service is an alternative to an institutional setting. These are an array of services that are largely non-medical in nature and are provided to members who have functional limitations that have the primary purpose of supporting the ability of the member to live or work in the most appropriate, least restrictive, and most integrated setting that also protects their health and safety in a cost-effective manner. The actual services to a member will be described in the member's PCSP.
- 3. Non-medical Community Supports and Services (NCSS)** - These supports and services are non-medical in nature and are available under the federal authority of sections 1905, 1915(c), or 1915(i) or under state authority under Act 775 to provide such supports and services through an AR Medicaid enrolled provider as approved by a PASSE for an individual. NCSS are provided with the intention to prevent or delay entry into an institutional setting or to assist or prepare an individual to leave an institutional setting, meaning the service should assist the individual to live safely and successfully in his/her own home or in the community. The need for these supports and services is established by the functional deficits identified on the Independent Assessment (IA). The IA is an objective assessment that identifies that the need for services exists. However, the types and levels of supports and services needed to achieve his/her goals are beyond the scope of the IA and instead are developed by the PCSP process and ultimately described in the PCSP. The actual supports and services for each member are described in the member's PCSP which must be reviewed by the care coordinator and the member not less than monthly. To ensure the integrity

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of the PCSP, prior authorization and utilization review procedures should use criteria which would allow appropriately enrolled providers to perform non-medical services and supports. The PASSE must ensure there are appropriate firewalls between the PASSE and providers and between internal staff and processes used to ensure services and supports are approved or denied in a conflict-free manner. The “independent review” requirement of 1915(i) also means there should be internal firewalls within the PASSE to separate the development of the PCSP from staff with fiscal duties or utilization review.

Background

Personal care services are primarily based on the assessed physical dependency need for "hands-on" services with the following ADLs: eating, bathing, dressing, personal hygiene, toileting, and ambulating. Hands-on assistance in at least one of these areas is required. This type of assistance is provided by a personal care aide based on a beneficiary's physical dependency needs (as opposed to purely housekeeping services). While not a part of the eligibility criteria, the need for assistance with other tasks and IADLs (Instrumental Activities of Daily Living) are considered. Both types of assistance are considered when determining the amount of overall personal care assistance authorized. Routines or IADLs include meal preparation, incidental housekeeping, laundry, medication assistance, etc.

Codes

| CPT HCPCS Codes | |
|-----------------|--|
| Code | Description |
| T1019/U3 | Personal Care for a non-RCF Beneficiary Aged 21 or Older, per 15 minutes |
| T1019 | Personal Care for a (non-RCF) Beneficiary Under 21, per 15 minutes |
| T1019/U4 | Personal Care for a Beneficiary Under 21, provided by a school district or education service cooperative, per 15 minutes |
| T1019/U5 | Employment-related personal care outside the home, beneficiary aged 16 or older, per 15 minutes |
| T1020 | Personal Care for Beneficiary over 21 for RCF and ALF Personal Care Providers |

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References

1. (Florida) Personal Care Services Coverage Policy: Agency for Health Care Administration. November 2016.
2. (New York State Medicaid Program) Personal Care Services Program Provider Manual, Version 2005.
3. Arkansas Medicaid Provider Manual, Section II-Personal Care, Updated 1/1/19. <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/perscare-prov/>
4. Provider-Led Arkansas Shared Savings Entity (PASSE) Provider Agreement Definitions Nonmedical Community Supports and Services (NCSS), HCBS, LTSS

Disclaimer

Empower medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Empower and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Empower reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

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