

POLICY AND PROCEDURE

POLICY NAME: Personal Care Services Authorizations	POLICY ID: NV.UM.19
BUSINESS UNIT: Silver Summit Health Plan	FUNCTIONAL AREA: Utilization/Care Management
EFFECTIVE DATE: 09/01/2025	PRODUCT(S): Medicaid
REVIEWED/REVISED DATE:	
REGULATOR MOST RECENT APPROVAL DATE(S):	

POLICY STATEMENT:

All Areas and Departments within Centene Corporation and its subsidiaries must have written Policies and Procedures that address core business processes related to, among other things, compliance with laws and regulations, accreditation standards and/or contractual requirements.

PURPOSE:

This policy is used to provide guidelines and outline the process for authorizing personal care services (PCS).

SCOPE:

This policy applies to employees of Silver Summit Health Plan in the Utilization/Care Management Department. This includes officers, directors, consultants, and temporary workers (collectively, the "Plan").

AUTHORITY:

PCS are an optional Medicaid benefit under the Social Security Act (SSA).

Regulatory oversight:

- SSA 1905(a) (24)
- Title 42, Code of Federal Regulations (CFR), Section 440.167
- Nevada State Plan Attachment 3.1-A (26)
- 21st Century Cures Act, H.R. 34, Section 12006 – 114th Congress
- H.R. 6042 – 115th Congress

DEFINITIONS:

Personal Care Services: PCS provide assistance to support and maintain recipients living independently in their homes. Services may be provided in the home, locations outside the home or wherever the need for the service occurs. Assistance may be in the form of direct hands-on assistance or cueing the individual to perform the task themselves and related to the performance of Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Services are based on the needs of the recipient being served, as determined by a Functional Assessment Service Plan (FASP) approved by Nevada Medicaid.

Instrumental Activities of Daily Living (IADLs): IADLs provide assistance to recipients receiving PCS that support activities such as the following: meal preparation, which includes storing, preparing and serving food. Laundry, including washing, drying, and folding the recipient's personal laundry and linens. Light housekeeping, which includes changing the recipients bed linens, dusting or vacuuming the recipient's living area. Essential shopping, which includes shopping for prescribed drugs, medical supplies, groceries and other household items required specifically for the health and nutrition of the recipient. To be considered eligible to receive additional time for assistance with IADLs, the recipient must be eligible to receive PCS for ADLs and have deficits which directly preclude the individual from completing IADLs.

The recipient has at least one of the deficits listed below:

- Mobility deficits/impairments of an extensive nature which requires the use
- of an assistive device, and directly impact the recipient's ability to safely
- perform household tasks or meal preparation independently.
- Cognitive deficits directly impacting the recipient's ability to safely
- perform household tasks or meal preparation independently.
- Endurance deficits directly impacting the recipient's ability to complete a
- task without experiencing substantial physical stressors.
- Sensory deficits directly impacting the recipient's ability to safely perform
- household tasks or meal preparation independently.
- Assistance with the IADLs may only be provided in conjunction with services for
- ADLs, and only when no LRI is available and/or capable.

POLICY:

The Plan provides personal care services for members, as necessary. This policy provides clarification of coverage for personal care services and the approval process.

PROCEDURE:**Personal Care Services/IADLs**

Personal care services are essential that assist members with his/her fundamental self-care needs, including activities of daily living such as bathing, dressing, and other tasks necessary for personal hygiene and well-being. These services also include tasks that support the health and welfare of the member such as meal preparation, bed making, and light housekeeping, as needed. Specific tasks under basic personal care services include:

- Assisting with bathing or bed baths
- Brushing, combing, and shampooing hair
- Brushing teeth and cleaning dentures
- Making beds and changing sheets
- Planning, preparation, and clean-up of meals

Personal Care Service Limitations

Per the personal care service definition above, personal care services are covered only in the member's home. These services are not covered in a hospital or nursing facility.

Personal care providers are not reimbursed for the following activities:

- Providing therapeutic/health-related activities that should be performed by an RN, licensed practical nurse or home health aide under Title XVIII or Title XIX Home Health Programs
- Providing transportation
- Accompanying the member outside of the home
- Administering non-prescription/over the counter or prescription medications
- Cleaning or cutting fingernails or toenails of a member with diabetes or medically contraindicating conditions (i.e., members taking anticoagulant medication, those diagnosed with a peripheral vascular disease or have a compromised immune system), unless this service is performed by a nurse only if approved for advanced personal care services
- Cleaning the floor and furniture in areas not occupied by the member. For example, cleaning the entire living area if the member occupies only one small room.
- Cleaning spaces shared by members of the entire household
- When the task is such that members of a household may reasonably be expected to share or do for each other, unless the task is above and beyond typical activities that would be provided for a household member without a disability
- Laundry, other than that incidental to the care of the member. For example, laundering clothing and bedding for the entire household, as opposed to simple laundering of the member's bed smock or gown.
- Shopping for groceries or household items other than items required specifically for the health and maintenance of the member. This does not preclude a personal care aide shopping for items needed by the member but also used by the rest of the household.
- Providing personal care services to a member by a member of his/her family
- Performing or furnishing out-of-state personal care services

Services must be sufficient in terms of amount, duration, and scope to reasonably achieve their purpose and may only be limited by medical necessity. Personal care services are tasks which assist a member in ADLs, due to limitations or needs of the member related to a chronic health related condition. Personal care services can include basic personal care, advanced personal care, and authorized nurse visits. Personal care services are provided as a cost-effective alternative to nursing home placement. Services are not required to be prescribed by a provider. However, a provider's order does not guarantee coverage of personal care services.

PROCESS:**Initial Request for Personal Care Services**

The recipient, LRI (Legally Responsible Individual i.e. parent, spouse, guardian), PCR (Personal Care Representative) or an individual covered under the confidentiality requirements of HIPAA may contact the Plan to request PCS. Initial requests may not be made by the PCS Agency provider.

The Plan validates that the recipient meets PCS criteria by conducting a mini health screening (TrueCare) and the PCS screen tool. If criteria are not met during the initial screening, an authorization will be built in TruCare and an adverse

benefit determination will be issued to the recipient. Screenings that result in referrals to the physical or occupational therapist for the completion of the Functional Assessment Service Plan (FASP) do not require an authorization to be built until the FASP is received by the Plan's prior authorization team to process.

Criteria:

Assistance with the following ADLs is a covered service when no LRI is available and/or capable of providing the necessary service. The recipient must have a demonstrated need with the following:

- Bathing/dressing/grooming.
- Toileting needs and routine care of an incontinent recipient.
- Transferring and positioning non-ambulatory recipients from one stationary position to another, assisting a recipient out of bed, chair or wheelchair, including adjusting/changing recipient's position in a bed, chair or wheelchair.
- Mobility/Ambulation, which is the process of moving between locations, including walking or helping the recipient to walk with support of a walker, cane or crutches or assisting a recipient to stand up or get to his/her wheelchair to begin ambulating.
- Eating, including cutting up food. Specialized feeding techniques may not be used.

If criteria are met, a referral will be sent (via dedicated email box) to an enrolled and trained physical or occupational therapist who will then complete an in-home assessment of the recipient's functional abilities. The physical or occupational therapist contacts the recipient to schedule an appointment for the completion of the Functional Assessment Service Plan (FASP). The recipient is responsible for keeping the scheduled appointment. Taking into account the physical or occupational therapists' clinical judgment, the in-home visit may be followed by an in-clinic visit in order to accurately evaluate the recipient's need for PCS. The turnaround time for the FASP is no more than 21 days upon receipt of the referral. After completion, the FASP is forwarded to the Plan's authorization team to process. If the recipient's request for PCS is approved, the Plan will issue a prior authorization number to the recipient's chosen PCS Provider Agency. Authorizations will be approved for a minimum of 90 days and up to 365 days depending on the recipient's medical condition. If PCS services are not recommended by the physical or occupational therapist after the completion of the FASP, an adverse benefit determination will be issued to the recipient.

Reevaluation/Re-authorization Requests:

Re-authorization requests should be submitted to the Plan at least 60 days, but not greater than 90 days, prior to the expiration of the current authorization period. All re-authorization requests will be screened by a member of the care management team before referring to an enrolled and trained physical or occupational therapist who will then complete an in-home assessment of the recipient's functional abilities. The physical or occupational therapist contacts the recipient to schedule an appointment for the completion of the Functional Assessment Service Plan (FASP). The recipient is responsible for keeping the scheduled appointment. Taking into account the physical or occupational therapists' clinical judgment, the in-home visit may be followed by an in-clinic visit in order to accurately evaluate the recipient's need for PCS. The turnaround time for the FASP is no more than 21 days upon receipt of the referral. After completion, the FASP is forwarded to the Plan's authorization team to process. If the recipient's request for PCS is approved, the Plan will issue a prior authorization number to the recipient's chosen PCS Provider Agency. Authorizations will be approved for a minimum of 90 days and up to 365 days depending on the recipient's medical condition. If PCS services are not recommended or results in a recommendation to reduce PCS hours by the physical or occupational therapist after the completion of the FASP, an adverse benefit determination will be issued to the recipient.

Electronic Visit Verification (EVV)

In accordance with the 21st Century CURES Act and 13 CSR 70-3.320, providers are required to utilize an EVV system to document services rendered related to the delivery of in-home services for all Medicaid-funded agency and consumer-directed (CDS) personal care services. This covers personal care services and Home Health Care Services delivered under the Managed Care Program.

REFERENCES: MSM Chapter 3500

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS: Policy and Procedure requires state review and approval annually.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED

POLICY AND PROCEDURE APPROVAL