Early and Periodic Screening, Diagnostic and Treatment - Personal care services

Clinical Policy ID: CCP.1511-04

Recent review date: **4/2023**

Next review date: 7/2024

Policy contains: Early and Periodic Screening, Diagnostic and Treatment; EPSDT; personal care services.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of "medically necessary," and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment.

Coverage policy

Personal care services under the Medicaid Early and Periodic Screening, Diagnostic and Treatment benefit program are clinically proven and, therefore, **may be** medically necessary when all of the following criteria are met, in accordance with the member, service, provider, and program requirements specified by the Louisiana Bureau of Health Services Financing, Health Standards Section for personal care services:

- Member is 20 years of age or younger.
- Member meets medical necessity criteria based on functional and medical eligibility and impairment in at least two activities of daily living[1].
- Attending practitioner (physician, advance practice nurse, or physician assistant) has completed a face-to-face medical assessment and prescribed personal care services that meet all of the following criteria:

[1] Activities of daily living are the functions or basic self-care tasks that an individual performs in a typical day, either independently or with supervision/assistance, including bathing, dressing, eating, grooming, walking, transferring, or toileting (Louisiana Admin Code 48 Ch 42 § 4203).

- They are provided in the member's home, or if medically necessary, in another location outside of the member's home. A home includes an apartment, a custodial relative's home, a boarding home, a foster home, or a supervised living facility.
- They are medically necessary to meet physical or cognitive limitations due to illness or injury that necessitate assistance with activities of daily living essential to the member's health and comfort at home.
- They are age-appropriate (i.e., they would ordinarily be performed by the member of that age, if he or she were not disabled due to illness or injury).

Early and Periodic Screening, Diagnosis and Treatment personal care services are subject to prior authorization by AmeriHealth Caritas Louisiana initially, every 180 days after that (or rolling six months), and when changes in the plan of care or personal care services provider occur. Prior authorization requirements include:

- A prescription for personal care services by the attending practitioner and justification of medical necessity.
- A plan of care both: 1) prepared by a personal care services agency that has a valid Home and Community Based Services Personal Care Attendant Module License issued by the Louisiana Department of Health, and 2) approved by the practitioner.
- Approved units of service based on the physical requirements of the member and medical necessity for the covered services, and not on predefined service limits.

Documentation requirements for Early and Periodic Screening, Diagnosis and Treatment personal care services include all of the following forms:

- EPSDT – PCS Form 90 meeting all of the following requirements:
  - Completed by the attending practitioner.
  - Completed within the last 90 days.
  - Documentation that the member requires assistance with at least two activities of daily living.
  - Documentation of a completed face-to-face medical assessment by the practitioner.
- EPSDT – PCS Daily Schedule Form.
- EPSDT Personal Care Services - Social Assessment Form.
- Request for Prior Authorization Form (PA-14).
- Other documentation that would support medical necessity (i.e., other independent evaluations).

<u>Limitations</u>

Early and Periodic Screening, Diagnosis and Treatment personal care services may not be provided at the same time as other Medicaid-covered services, unless medically necessary.

- Note: Recipients of the Children's Choice Waiver can receive both personal care services and family support services on the same day, but not at the same time.

Early and Periodic Screening, Diagnosis and Treatment personal care services are not medically necessary under the following circumstances:

- When the member is receiving institutionalized care (i.e., not at home).
- For an area of the home not occupied by the member (e.g., cleaning services).

- For other household occupants.
- For custodial care or provision of only instrumental activities of daily living[2] tasks or provision of only one activity of daily living task.
- To meet child care needs or serve as a substitute for the parent or guardian in the absence of the parent or guardian.
- To provide respite care for the primary caregiver.
- When duplicative services are provided by, or shall be provided by, another state agency or department.
- Services that require skilled medical, rehabilitative, or social service professionals (e.g., medication administration, tracheostomy care, feeding tubes, catheter care, wound care, or physical therapy).

Alternative covered services

None identified.

Background

The Early and Periodic Screening, Diagnostic and Treatment program provides comprehensive and preventive health services for children age 20 or younger who are enrolled in Medicaid (Centers for Medicare & Medicaid Services, 2014). Pediatric enrollees receive a comprehensive array of screening, preventive services, and treatment services that are age-appropriate and medically necessary to correct or ameliorate any identified conditions and prevent more complex and costlier health problems.

Early and Periodic Screening, Diagnostic and Treatment program requirements are federally mandated and are distinct from general state Medicaid program requirements for adults (Centers for Medicare & Medicaid Services, 2014). Under Early and Periodic Screening, Diagnostic and Treatment, states are required to provide any additional medically necessary health care service coverable under federal Medicaid, regardless of whether the service is available to the rest of the state's Medicaid population. In this respect, the Medicaid pediatric benefit is more robust than the Medicaid benefit for adults. The medical necessity of a service must be made on a case-by-case basis, taking into account the child's needs.

Medicaid long-term services and supports represent a wide range of services available to older adults and people with disabilities, who are limited in their ability to care for themselves (Centers for Medicare & Medicaid Services, **2022**). These services assist with personal and health care needs provided in the home, in community-based settings, or in facilities (e.g., nursing homes). These services allow eligible Medicaid beneficiaries to live in their home or local setting and achieve greater independence and better control of their daily lives and health. Long-term services and supports can be provided through Medicaid home health services, personal care services, and other home and community-based services, each program with different statutory authorities and requirements**.**

Personal care services (also called personal assistance care or services) are nonemergent support services for persons with disabilities and chronic conditions that enable the beneficiary to accomplish activities of daily living or instrumental activities of daily living (Centers for Medicare & Medicaid Services, 2017). These terms are defined as (Code of Federal Regulations, **2023**):

[2] Instrumental Activities of Daily Living are routine household tasks that are considered essential for sustaining the member's health and safety, but may not require performance on a daily basis (Louisiana Admin Code 48 Ch 42 § 4203).

- Activities of daily living are basic, personal everyday activities, such as eating, toileting, grooming, dressing, bathing, and transferring.
- Instrumental activities of daily living are activities needed to live independently in the community, such as meal planning and preparation, managing finances, shopping for essential items, performing essential household chores, communicating by phone or other media, and traveling around and participating in the community.

Federal regulations define the personal care services provided through the Early and Periodic Screening, Diagnostic and Treatment program (Centers for Medicare & Medicaid Services, 2017). Under Medicaid, personal care services are optional services, except when they are deemed medically necessary for children eligible for Early and Periodic Screening, Diagnostic and Treatment services. States are responsible for determining medical necessity on a case-by-case basis in accordance with federal guidelines.

Provision of personal care services must also comply with state requirements, supported by documentation of age-appropriate, medically necessary services to be provided during eligible periods (i.e., when beneficiaries are in the home and not institutionalized) (Centers for Medicare & Medicaid Services, 2017). Only approved and qualified personal care attendants are eligible to oversee or provide personal care services to beneficiaries. Beneficiaries who are hospitalized, in nursing facilities, or in intermediate care facilities for individuals with intellectual disabilities are not eligible for such services. Personal care services are restricted to services essential to the beneficiary (i.e., not to other household members) and do not include any medical tasks. If medical tasks are necessary, they must be requested under either the Home Health Program or the Home- and Community-based Services waiver.

Findings

Not applicable.

References

On February 1, 2023, we searched PubMed and the databases of the Cochrane Library, the U.K. National Health Services Centre for Reviews and Dissemination, the Agency for Healthcare Research and Quality, and the Centers for Medicare & Medicaid Services. Search terms were “EPSDT” and “personal care services.” We included the best available evidence according to established evidence hierarchies (typically systematic reviews, meta-analyses, and full economic analyses, where available) and professional guidelines based on such evidence and clinical expertise.

Centers for Medicare & Medicaid Services. EPSDT - A guide for states: Coverage in the Medicaid benefit for children and adolescents. https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf. Published June 2014.

Centers for Medicare & Medicaid Services. Fact sheet. Preventing Medicaid improper payments for personal care services. https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/Downloads/pcs-prevent-improperpayment-factsheet.pdf. Published November 2017.

Centers for Medicare & Medicaid Services. LTSS overview. https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/info/ltss-overview. Last modified **November 15, 2022.**

Code of Federal Regulations. 42 CFR. § 441.505 Definitions. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-441/subpart-K/section-441.505. Current as of **January 31, 2023**.

Louisiana Admin Code 48 Ch 42 § 4203. Definitions. https://www.doa.la.gov/media/15odwaqn/48v01.pdf. Last updated **January 2023**.

Policy updates

4/2022: initial review date and clinical policy effective date: 4/2022

4/2023: Policy references updated.