

Policy and Procedure

DEPARTMENT: Medical Management	DOCUMENT NAME: EPSDT -- Personal Care Services
PAGE: 1 of 9	REPLACES DOCUMENT:
APPROVED DATE:	RETIRED: 4/2017
EFFECTIVE DATE: 2/1/15 Reinstated 8/1/18	REVIEWED/REVISED: 6/15, 12/15, 10/16, 4/17, 8/18, 10/19, 12/19
PRODUCT TYPE: Medicaid	REFERENCE NUMBER: LA.UM.52

Scope

Louisiana Healthcare Connections (Plan) Medical Management Department

Purpose

The Plan authorizes Early and Periodic Screening, Diagnosis and Treatment -- Personal Care Services (EPSDT-PCS) for the Plan members under 21 years of age. Personal Care Services (PCS) are defined as tasks that are medically necessary, if it relates to EPSDT eligible physical and/or cognitive requirements, when physical and/or cognitive-limitations are due to illness, injury, or developmental delays requiring assistance with eating, bathing, dressing, personal hygiene, and bladder or bowel requirements. These services prevent institutionalization and enable the recipient to be treated on an outpatient basis rather than an inpatient basis to the extent that services on an outpatient basis are projected to be more cost effective than services provided on an inpatient basis.

Policy

The policy of the Plan is to authorize medically necessary PCS in the home for members with chronic or stable conditions within the following parameters:

- A. Must be included in an approved EPSDT – PCS Plan of Care completed by the provider and approved by the physician/practitioner,
 - Have a physician's/practitioner's prescription and Form 90
 - Must meet medical necessity criteria equivalent to Intermediate Care Facility 1 (ICF 1) level of care NOT MENTIONED IN THE LA MEDICAID POLICY
 - Be impaired in at least two of the daily living tasks
- B. The services must include the performance of direct care, and cannot consist solely of oversight or supervision
 - EPSDT – PCS are shall not to be provided to meet childcare/child care needs nor as a substitute for the parent or guardian in the absence of the parent or guardian. (LA MEDICAID PCS POLICY Intent of Services, section 30.14)
 - EPSDT – PCS are not allowable for the purpose of providing respite care for the primary care giver
 - EPSDT PCS provided in an educational setting shall not be reimbursed if these services duplicate services that are provided

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by or shall be provided by the Department of Education. ~~(LA MEDICAID PCS POLICY Intent of Services, section 30.14~~

- C. The services must maintain or increase the functional capacity of the member
- D. The services must be provided by a qualified individual who is not part of the member's family or household
- E. The services cannot be met by other resources
- F. All services must be prior authorized for periods of six (6) months at a time

Basic Personal Care

Basic Personal Care is defined as care related to the member's physical **and/or cognitive** requirements for activities of daily living, required for the health and maintenance of the member only. Examples of basic personal care include the following:

- Assistance with eating, bathing, dressing, personal hygiene, or toileting
- Housekeeping chores, such as, meal preparation, bed making, dusting, and vacuuming of the area occupied by the member
- Accompanying member to medical appointments. Transporting the member to these appointments is not allowed under EPSDT – PCS

Excluded Services

The following services are not appropriate for personal care and are not reimbursable as EPSDT – PCS:

- Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowed)
- Irrigation of any body cavities that require sterile procedures
- Application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems
- Administration of injections of fluid into veins, muscles or skin
- Administration of medicine [(as opposed to assisting with self-administered medication for EPSDT (eligible over eighteen years of age)]
- Cleaning of floor and furniture in an area not occupied by only the recipient. For example, cleaning entire living area if the recipient occupies only one room or an area shared with other household members

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- Laundry other than that incidental to the care of the recipient. For example, laundering of clothing and bedding for the entire household as opposed to simple laundering of the recipient's clothing or bedding
- Shopping for groceries or household items other than items required specifically for the health and maintenance of the recipient, and not for items used by the rest of the household
- Skilled nursing services as defined in the State Nurse Practice Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks
- Teaching a family member or friend how to care for a patient who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible
- Specialized nursing procedures such as:
 - Insertion of nasogastric feeding tube
 - In-dwelling catheter
 - Tracheotomy care
 - Colostomy care
 - Ileostomy care
 - Venipuncture
 - Injections
- Rehabilitative services such as those administered by a physical therapist
- Teaching a family member or friend techniques for providing specific care
- Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions
- Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process
- Specialized aide procedures such as:
 - Rehabilitation of patient (exercise or performance of simple procedures as an extension of physical therapy services)
 - Measuring/recording patient vital signs (temperature, pulse, respiration and/or blood pressure, etc.), or intake/output of fluids
 - Specimen collection

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- Special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, and enemas
- Home IV therapy
- Custodial care or provision of only instrumental activities of daily living tasks or provision of only one activity of daily living task
- Occupational therapy
- Speech pathology services
- Audiology services
- Respiratory therapy
- Personal comfort items
- Durable medical equipment
- Oxygen
- Orthotic appliances or prosthetic devices
- Drugs provided through the Louisiana Medicaid pharmacy program
- Laboratory services
- Social Work visits

Authorization Protocols (Initial and Reauthorization)

PCS authorizations are approved for a maximum of 180 days at a time. A unit of personal care service is 15 minutes of direct service to the member. Time spent for travel, lunch, breaks, or administrative activities such as completing reports or paperwork are not being included.

The following documentation is required prior to authorization or reauthorization of personal care services:

- ~~Physician's~~ **Practitioner's** referral for PCS. Services **must be prescribed** initially and every 180 days (6 months) after that, or when changes in the Plan of Care occur:
 - The prescription does not have to specify the number of hours being requested, but must specify PCS and not PCA (Personal Care Attendant)
 - The ~~physician-practitioner's~~ signature must be original or electronic, not rubber stamped
 - Signatures by ~~nurse practitioners and~~ registered nurses on referrals are not accepted

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- Plan of Care prepared by the PCA agency with ~~physician~~**practitioner** approval. **NO SERVICES** may be initiated or changed prior to approval by the Plan
 - Plan of Care must be completed in its entirety and include the tasks to be provided. Frequency and duration of these tasks, and total number of hours per day and week are needed to perform the tasks
- EPSDT – PCS Form 90
 - Completed by the attending ~~physician~~**practitioner** within the last 90 days
 - **Documents the beneficiary requires assistance with at least two activities of daily living (ADL); and**
 - ~~To include documentation that recipient requires or would require institutional level of care equal to an Intermediate Care Facility 1 not included in LA MEDICAID policy~~
 - Must document that a face-to-face assessment was ~~made~~**completed**
- EPSDT – PCS Social Assessment Form

~~Specifies the personal care activities which the parent or other caregiver is providing and requires assistance with. This statement may go against HPA 16-16~~

 - **-When determining if EPSDT PCS is medically necessary, focus must be placed on the needs of the child/youth and not the availability or needs of the parent/caregiver.**
- EPSDT – PCS Daily Schedule Form
- Guidelines for these services are outlined in the Louisiana Medicaid Personal Care Services Manual as referenced below

Authorizations are not transferable between agencies. Recipients have the right to change providers at any time; however, the current agency must notify the Plan of recipient's discharge and new agency must obtain their own authorization through the usual authorization process.

Hours approved cannot be 'saved' for another week or 'banked' for future use. EPSDT – PCS are not subject to service limits. The units of service approved shall be based on the physical requirements of the recipient and medical necessity for the covered services in the program as delineated in the ~~physician's~~**practitioner's** assessment documented on EPSDT-PCS Form 90.

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The rules governing EPSDT-PCS care are outlined in the State Provider Manual at

<http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PCS/pcs.pdf>

- The clinical decision process begins when a request for authorization of services is received at the Plan.
- On verification of receipt of required documentation, the standard authorization process is followed.
- To support the utilization review decision making process, clinical information relevant to the case, as well as the rationale used to make the clinical decision, is documented consistently and accurately. This process is outlined in the associated policies (LA.UM.02.01, LA.UM.06, LA.UM.06.01)

REFERENCES:

LA MCO RFP Amendment 11 - Section 6 Core Benefits and Services, Section 10 – Provider Services
 LA Medicaid Program Personal Care Services Provider Manual (Sections 30.13 30.21—EPSDT-PCS)
 Current NCQA Health Plan Standards and Guideline
 LA.UM.02 Clinical Decision Criteria
 LA.UM.06 Clinical Information and Documentation
 LA.UM.06.01 Documentation of Clinical Decisions (TruCare)

ATTACHMENTS: Required Forms

Plan of Care: <https://www.lamedicaid.com/sprovweb1/epsdt-pcs/default.aspx>

Social Assessment:

http://www.lamedicaid.com/provweb1/Forms/Social_Assessment.pdf

Daily Schedule:

http://www.lamedicaid.com/provweb1/Forms/EPSDT_PCS_DAILY_SCHEDULE.pdf

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EPSDT-PCS Form 90:

http://www.lamedicaid.com/provweb1/Forms/EPSDT_pcs_form_90.pdf

Revision Log	Date
Policy Created	11/2014
Updated NCQA reference Removed 4B: states the reason parent cannot provide assistance	6/2015
Grammar corrections, no content changes.	12/2015
Grammar corrections. Added developmental delays as referenced by LDH	10/2016
Retiring Policy. This is now an Auto Approval Process.	4/17
Reinstate policy due to removal of Auto Approval Process. Changed Product Type from ALL to Medicaid. Minor grammatical changes. References Section: <ul style="list-style-type: none"> Removed reference to LA RFP 6.1.4; 10.5.3 Revised MCO Response to LA MCO RFP Amendment 11 – Section 6 - Core Benefits and Services, Section 10 – Provider Services Changed Chief Medical Director to Sr. VP, Medical Affairs.	8/18
<ul style="list-style-type: none"> <u>Removed physician within the policy and changed to practitioner as per LA Medicaid PCS Revised policy issued 8/23/19.</u> 	<u>101/2019</u>

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<ul style="list-style-type: none"> <u>Added that cognitive limitations are also considered for services. This is a LDH Definition in the LA Medicaid PCS policy</u> 	<u>12/2019</u>
<ul style="list-style-type: none"> <u>Removed the statement “Must meet medical necessity criteria equivalent to Intermediate Care Facility 1 (ICF-1) level of care” Not mentioned in LA Medicaid PCS Policy</u> 	<u>12/109</u>
<ul style="list-style-type: none"> <u>Added “or guardian in the absence of the parent or guardian” as per LA Medicaid PCS policy, Intent of Services Section 30.14</u> 	<u>12/109</u>
<ul style="list-style-type: none"> <u>Added “EPSDT PCS provided in an educational setting shall not be reimbursed if these services duplicate services that are provided by or shall be provided by the Department of Education” as per LA Medicaid PCS policy, Intent of Services Section 30.14</u> 	<u>12/109</u>
<ul style="list-style-type: none"> <u>Added “Documents the beneficiary requires assistance with at least two activities of daily living (ADL)” as per the LA Medicaid PCS policy</u> 	<u>12/109</u>
<ul style="list-style-type: none"> <u>Deleted: “To include documentation that recipient requires or would require institutional level of care equal to an Intermediate Care Facility 1” as per not indicated in the LA Medicaid PCS policy</u> 	<u>12/109</u>
<ul style="list-style-type: none"> <u>Deleted under the PCS Social Assessment Form that the personal care activities which the parent or other caregiver is providing and requires assistance with as HPA 16-16 directs that if EPSDT PCS is medically necessary, focus</u> 	<u>12/109</u>

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<u>must be placed on the needs of the child/youth and not the availability or needs of the parent/caregiver</u>	
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Coding Implications

The following codes are for informational purposes only. They are current at time of review of this policy. Inclusion or exclusion of any codes does not guarantee coverage

Procedure Codes	Description
T1019-EP	EPSDT – Personal Care Services

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, Centene's P&P management software,
is considered equivalent to a physical signature.

VP Medical Management: _____ Signature on File _____
Sr. VP, Medical Affairs : _____ Signature on File _____