Chapter 73. Personal Care Services

§7301. Introduction

A. Early Periodic Screening, Diagnosis and Treatment Personal Care Services—

1. tasks which are medically necessary as they pertain to an EPSDT eligible's physical requirements when physical limitations due to illness or injury necessitate assistance with eating, bathing, dressing, personal hygiene, bladder or bowel requirements;

2. services which 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.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:177 (February 2003).

§7303. Services

A. The recipient shall be allowed the freedom of choice to select an EPSDT PCS provider.

B. EPSDT personal care services include:

1. basic personal care, toileting and grooming activities, including bathing, care of the hair, and assistance with clothing;

2. assistance with bladder and/or bowel requirements or problems, including helping the client to and from the bathroom or assisting the client with bedpan routines, but excluding catheterization;

3. assistance with eating and food, nutrition, and diet activities, including preparation of meals for the recipient only;

4. performance of incidental household services essential to the client's health and comfort in her/his home. Examples of such activities are changing and washing bed linens and rearranging furniture to enable the recipient to move about more easily in his/her own home;

5. accompanying not transporting the recipient to and from his/her physician and/or medical facility for necessary medical services;

6. EPSDT personal care services are not to be provided to meet childcare needs nor as a substitute for the parent in the absence of the parent;

7. personal care services (PCS) are not allowable for the purpose of providing respite care to the primary caregiver;

8. EPSDT personal care services provided in an educational setting shall not be reimbursed if these services duplicate services that are provided by or must be provided by the Department of Education;

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:177 (February 2003).

§7305. Recipient Qualifications

A. Conditions for Provision of EPSDT Personal Care Services

1. The person must be a categorically-eligible Medicaid recipient birth through 20 years of age (EPSDT eligible) and have been prescribed EPSDT PCS as medically necessary by a physician. To establish medical necessity the parent or guardian must be physically unable to provide personal care services to the child.

2. An EPSDT-eligible must meet medical necessity criteria as established by the Bureau of Health Services Financing (BHSF) which shall be based on criteria equivalent to at least an Intermediate Care Facility I (ICF-1) level of care; and be impaired in at least two of daily living tasks, as determined by BHSF.

3. When determining whether a recipient qualifies for EPSDT PCS, consideration must be given not only to the type of services needed, but also the availability of family members and/or friends who can aid in providing such care. EPSDT PCS are not to function as a substitute for childcare arrangements.

4. Early and periodic screening, diagnosis, and treatment personal care services must be prescribed by the recipient's attending physician initially and every 180 days thereafter (or rolling 6 months), and when changes in the plan of care occur. The plan of care shall be acceptable for submission to BHSF only after the physician signs and dates the completed form. The physician's signature must be an original signature and not a rubber stamp.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:177 (February 2003), amended LR 30:253 (February 2004), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 40:2259 (November 2014).

§7307. Prior Authorization

A. EPSDT personal care services must be prior authorized by the BHSF or its designee. A face-to-face medical assessment shall be completed by the physician. The recipient's choice of a personal care services provider may assist the physician in developing a plan of care which shall be submitted by the physician for review/approval by BHSF or its designee. The plan of care must specify:

1. the personal care service(s) to be provided (i.e., activities of daily living for which assistance is needed); and

2. the minimum and maximum frequency and the minimum duration of each of these services.

B. Dates of care not included in the plan of care or provided prior to approval of the plan of care by BHSF are not reimbursable. The recipient's attending physician shall review and/or modify the plan of care and sign off on it prior to the plan of care being submitted to BHSF. A copy of the physician's prescription or referral for EPSDT PCA services must be retained in the personal care services provider's files.

C. A new plan of care must be submitted at least every 180 days (rolling six months) with approval by the recipient's attending physician. The plan of care must reassess the patient's need for EPSDT PCS services, including any updates to information which has changed since the previous assessment was conducted (with explanation of when and why the change(s) occurred).

D. Amendments or changes in the plan of care should be submitted as they occur and shall be treated as a new plan of care which begins a new six-month service period. Revisions of the plan of care may be necessary because of changes that occur in the patient's medical condition which warrant an additional type of service, an increase in frequency of service or an increase in duration of service. Documentation for a revised plan of care is the same as for a new plan of care. Both a new "start date" and "reassessment date" must be established at the time of reassessment. The provider may not initiate services or changes in services under the plan of care prior to approval by BHSF.

E. Recipients who have been designated by DHH as chronic needs cases are exempt from the standard prior authorization process. Although a new request for prior authorization must still be submitted every 180 days, the provider shall only be required to submit a PA request form accompanied by a statement from a physician verifying that the recipient's condition has not improved and the services currently approved must be continued. Only DHH or its designee can grant the designation of a chronic needs case to a recipient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:177 (February 2003), amended LR 30:253 (February 2004).

§7309. Place of Service

A. EPSDT personal care services must be provided in the recipient's home or in another location if medically necessary to be outside of the recipient's home. The recipient's home is defined as the recipient's own dwelling:

1. an apartment;
2. a custodial relative's home;
3. a boarding home;
4. a foster home;
5. a substitute family home; or
6. a supervised living facility.

a. Institutions such as a hospital, institution for mental diseases, nursing facility, intermediate care facility for the mentally retarded or residential treatment center are not considered a recipient's home.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:948 (September 1995), repromulgated for LAC codification, LR 29:178 (February 2003).

§7311. Service Limits

A. EPSDT personal care services 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 EPSDT-PCS Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995) repromulgated for LAC codification, LR 29:178 (February 2003), amended LR 30:253 (February 2004).

§7313. Standards for Payment

A. EPSDT personal care services may be provided only to EPSDT eligibles and only by a staff member of a licensed personal care services agency enrolled as a Medicaid provider. A copy of the current PCS license must accompany the Medicaid application for enrollment as a PCS provider and additional copies of current licenses shall be submitted to Provider Enrollment thereafter as they are issued, for inclusion in the enrollment record. The provider's record must always include a current PCS license at all times. Enrollment is limited to providers in Louisiana and out-of-state providers only in trade areas of states bordering Louisiana (Arkansas, Mississippi, and Texas).

B. The unit of service billed by EPSDT PCS providers shall be one-half hour, exclusive of travel time to arrive at the recipient's home. The entire 30 minutes of the unit of time shall have been spent providing services in order to bill a unit.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:178 (February 2003).

§7315. Provider Qualifications

A. Personal care services must be provided by a licensed personal care services agency which is duly enrolled as a Medicaid provider. Staff assigned to provide personal care services shall not be a member of the recipient's immediate family. (Immediate family includes father, mother, sister, brother, spouse, child, grandparent, in-law, or any individual acting as parent or guardian of the recipient). Personal care services may be provided by a person of a degree of relationship to the recipient other than immediate family, if the relative is not living in the recipient's home, or, if she/he is living in the recipient's home solely because her/his presence in the home is necessitated by the amount of care required by the recipient.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:178 (February 2003).

§7317. Provider Responsibilities

A. The PCS agency is responsible for ensuring that all personal care individuals providing services meet all training requirements applicable under state law and regulations. The personal care services staff member must successfully complete the applicable examination for certification for PCS. Documentation of the personal care staff member's completion of all applicable requirements shall be maintained by the personal care services provider.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:178 (February 2003).

§7319. Agency Responsibilities

A. Documentation

1. Documentation for EPSDT PCS provided shall include at a minimum, the following:

a. documentation of approval of services by BHSF or its designee;

b. daily notes by PCS provider denoting date of service, services provided (checklist is adequate);

c. total number of hours worked;

d. time period worked;

e. condition of recipient;

f. service provision difficulties;

g. justification for not providing scheduled services; and

h. any other pertinent information.

2. There must be a clear audit trail between:

a. the prescribing physician;

b. the personal care services provider agency;

c. the person providing the personal care services to the recipient; and

d. the services provided and reimbursed by Medicaid.

B. Agencies providing EPSDT PCS shall conform to all applicable Medicaid regulations as well as all applicable laws and regulations by federal, state, and local governmental entities regarding:

1. wages;

2. working conditions;

3. benefits;

4. Social Security deductions;

5. OSHA requirements;

6. liability insurance;

7. Workman's Compensation;

8. occupational licenses; etc.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:178 (February 2003).

§7321. Reimbursement

A. Reimbursement for EPSDT personal care services shall be the lesser of billed charges or the maximum unit rate set by the department. The maximum rate is a flat rate for each approved unit of service provided to the recipient. This rate shall be adjusted as necessary by the department.

1. One quarter hour (15 minutes) is the standard unit of service, exclusive of travel time to arrive at the recipient's home.

2. The entire 15 minutes shall have been spent providing personal care services in order to be reimbursed for a unit.

B. Personal Care Workers Wage Enhancement

1. Effective February 9, 2007, an hourly wage enhancement payment in the amount of $2 will be reimbursed to providers for full-time equivalent (FTE) personal care workers who provide services to Medicaid recipients.

a. At least 75 percent of the wage enhancement shall be paid to personal care workers as wages. If less than 100 percent of the enhancement is paid in wages, the remainder, up to 25 percent shall be used to pay employer-related taxes, insurance and employee benefits.

b. The minimum hourly rate paid to personal care workers shall be the current minimum wage plus 75 percent of the wage enhancement.

2. Providers shall be required to submit a certified wage register to the Department verifying the personal care workers' gross wages for the quarter ending June 30, 2005. The wage register will be used to establish a payroll baseline for each provider. It shall include the following information:

a. gross wage paid to the personal care worker(s);

b. total number of direct support hours worked; and

c. the amount paid in employee benefits.

3. A separate report shall be submitted for paid overtime.

4. The provider shall submit quarterly wage reports that verify that the 75 percent wage enhancement has been paid to the appropriate staff.

5. The provider shall submit a report, according to the Department's specifications, that will be used to measure the effectiveness of the wage enhancement.

6. The wage enhancement payments reimbursed to providers shall be subject to audit by the Department.

7. Noncompliance or failure to demonstrate that the wage enhancement was paid directly to personal care workers may result in:

a. forfeiture of eligibility for wage enhancement payments;

b. recoupment of previous wage enhancement payments;

c. Medicaid fraud charges; and

d. disenrollment in the Medicaid Program.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 29:179 (February 2003), amended LR 33:2202 (October 2007), repromulgated LR 33:2425 (November 2007), amended by the Department of Health and Hospitals, Bureau of Health Services Financing, LR 36:2561 (November 2010).

§7323. Nonreimbursable Services

A. The following services are not appropriate for personal care and are not reimbursable as EPSDT personal care services:

1. insertion and sterile irrigation of catheters (although changing of a catheter bag is allowable);

2. irrigation of any body cavities which require sterile procedures;

3. application of dressing, involving prescription medication and aseptic techniques, including care of mild, moderate or severe skin problems;

4. administration of injections of fluid into veins, muscles or skin;

5. administration of medicine (as opposed to assisting with self-administered medication for EPSDT eligibles over 18 years of age);

6. cleaning of floor and furniture in an area not occupied by the recipient.

a. Example: cleaning entire living area if the recipient occupies only one room;

7. laundry, other than that incidental to the care of the recipient.

a. Example: laundering of clothing and bedding for the entire household, as opposed to simple laundering of the recipient's clothing or bedding;

8. 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;

9. skilled nursing services, as defined in the state Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks;

10. 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;

11. specialized nursing procedures such as:

a. insertion of nasogastric feeding tube;

b. in-dwelling catheter;

c. tracheostomy care;

d. colostomy care;

e. ileostomy care;

f. venipuncture; and/or

g. injections;

12. rehabilitative services such as those administered by a physical therapist;

13. teaching a family member or friend techniques for providing specific care;

14. palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions;

15. teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process;

16. specialized aide procedures such as:

a. rehabilitation of the patient (exercise or performance of simple procedures as an extension of physical therapy services);

b. measuring/recording patient vital signs (temperature, pulse, respirations and/or blood pressure, etc.) or intake/output of fluids;

c. specimen collection;

d. special procedures such as:

i. nonsterile dressings;

ii. special skin care (nonmedicated);

iii. decubitus ulcers;;

iv. cast care;

v. assisting with ostomy care;

vi. assisting with catheter care;

vii. testing urine for sugar and acetone;

viii. breathing exercises;

ix. weight measurement;

x. enemas;

17. home IV therapy;

18. custodial care or provision of only instrumental activities of daily living tasks or provision of only one activity of daily living task;

19. occupational therapy;

20. speech pathology services;

21. audiology services;

22. respiratory therapy;

23. personal comfort items;

24. durable medical equipment;

25. oxygen;

26. orthotic appliances or prosthetic devices;

27. drugs provided through the Louisiana Medicaid pharmacy program;

28. laboratory services; and

29. social worker visits.

B. EPSDT personal care services provided to meet childcare needs or as a substitute for the parent in the absence of the parent shall not be reimbursed.

C. EPSDT personal care services provided for the purpose of providing respite to the primary caregiver shall not be reimbursed.

D. EPSDT personal care services provided in an education setting shall not be reimbursed if these services

duplicate services that are provided by or must be provided by the Department of Education.

AUTHORITY NOTE: Promulgated in accordance with R.S. 36:254 and Title XIX of the Social Security Act.

HISTORICAL NOTE: Promulgated by the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing, LR 21:947 (September 1995), repromulgated for LAC codification, LR 29:179 (February 2003).