Clinical Policy: Personal Care Services (PCS) EPSDT

Reference Number: LA.CP.MP.515c
Date of Last Revision: 11/2022

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The Early and Periodic Screening, Diagnostic~~is~~ and Treatment (EPSDT) PCS program provides PCS to members up to age 21 years meeting the medically necessary criteria for the services. The PCS program does not include any medical tasks. If such tasks are necessary, they must be requested under another service authorization.

Personal care services are defined as tasks that are medically necessary when physical or cognitive limitations due to illness or injury necessitate assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder or bowel requirements.

The member shall be allowed the freedom of choice to select a PCS provider. This freedom also extends to the member's right to change providers at any time should he/she finds it necessary to cease the relationship with the current provider.

Policy/Criteria

Member Criteria

- Member must be birth through 20 years of age
- Have a prescription necessitating the health/medical condition for the need of services
  - Prescription shall be for 180 days (rolling 6 months) or when changes in the Plan of Care occur
  - Must have the prescriber's original signature or a ~~computer-generated~~computer-generated electronic signature and not a rubber stamp
    - Signatures by registered nurses are not acceptable
  - The prescription does not have to specify the number of hours being requested, but shall specify for PCS and not PCA services
- Have functional and medical impairment in at least 2 activities of daily living (ADL)
- Member must be of an age at which the tasks to be performed by the PCS provider would ordinarily be performed by the individual, if he/she was not disabled due to illness or injury

~~Required documentation~~Documentation Requirements

- Practitioner's referral for PCS;
- Plan of care prepared by the PCS agency with the practitioner's approval;
  - Member's attending practitioner shall review and/or modify the plan of care and sign and date it **prior** to the plan of care being submitted for approval
  - Includes:

- Member's name, Medicaid ID number, date of birth and address, phone number;
- Date PCS are requested to start;
- Provider name, Medicaid provider number and address of personal care agency;
- Name and phone number of someone from the provider agency that may be contacted, if necessary for additional information;
- Medical reasons supporting the member's need for PCS;
- Other in-home services the member is receiving;
- Specific personal care tasks (bathing, dressing, eating, etc.) with which PCS provider is to assist the member;
- Goals for each activity;
- Number of days services are required each week;
- Time requested to complete each activity;
- Total time requested to complete each activity each week;
- Signature of parent/primary caregiver, provider representative and the member's primary practitioner

- EPSDT-PCS Form 90;
  - Completed by the attending practitioner;
  - Completed within the last 90 days;
  - Documents the member requiring assistance with at least two ADLs; and
  - Documents a face-to-face medical assessment was completed
- EPSDT-PCS daily schedule form;
- EPSDT-PCS social assessment form; and
- Other documentation that would support medical necessity (i.e. other independent evaluations)

Changes in Plan of Care

Amendments or changes in the Plan of Care shall 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 member's medical condition which warrant an additional type of service, change in frequency of service or an increase or decrease 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" shall be established at the time of reassessment. The EPSDT PCS provider may not initiate services or changes in services under the Plan of Care prior to approval by the Plan.

Subsequent Plans of Care

A new Plan of Care shall be submitted at least every 180 days (rolling six months). The subsequent Plan of Care shall:

- Be approved by the member's attending practitioner;
- Reassess the member's need for EPSDT – PCS;

- Include any updates to information which has changed since the previous assessment was conducted; and
- Explain when and why the change(s) occurred.

The plan of care shall be acceptable only after the practitioner signs and dates the completed form. The practitioner's signature shall be an original signature or a computer-generated electronic signature and not a rubber stamp.

PCS services shall not be authorized for more than a six-month period. A face-to-face medical assessment shall be completed by the practitioner.

Chronic Needs Cases

Members who have been designated by Louisiana Department of Health (LDH) as a "Chronic Needs Case" are exempt from the standard prior authorization process. A new request for prior authorization shall still be submitted every 180 days; however, the EPSDT PCS provider shall only be required to submit a request form accompanied by a statement from the member's primary practitioner verifying that the member's condition has not improved and the services currently approved must be continued. The provider shall indicate "Chronic Needs Case" on the top of the request form.

This determination only applies to the services approved where requested services remain at the approved level. Requests for an increase in these services will be subject to a full review requiring all documentation used for a traditional PA request.

Covered Services

~~PCS providers may not provide services at the same time as other covered services, unless medically necessary.~~

~~Louisiana Healthcare Connections (Plan) prohibits multiple professional disciplines from being present in the member's residential setting at the same time. However, multiple professionals may provide services to multiple members in the same residential setting when it is medically necessary. This includes but is not limited to nurses, home health aides, and therapists.~~

~~Children's Choice waiver services and PCS may be performed on the same date, but not at the same time. If the member is receiving home health, respite, and/or any other related service, the PCS provider cannot provide service at the same time as the other Medicaid covered service provider.~~

~~Members who receive EPSDT – PCS may also receive hospice services on the same date, but not at the same time. The hospice provider and the PCS provider must coordinate services and develop the member's plan of care.~~

The covered services for PCS includes the following tasks:

- Basic personal care, including toileting, grooming, bathing, and assistance with dressing.

- Assistance with bladder and/or bowel requirements or problems, including helping the member to and from the bathroom or assisting the member with bedpan routines, but excluding catheterization.
- Assistance with eating and food, nutrition, and diet activities, including preparation of meals for the member only.
- Performance of incidental household services, only for the member, not the entire household, which are essential to the member's health and comfort in his/her home. This does not include routine household chores such as regular laundry, ironing, mopping, dusting, etc., but instead arises as the result of providing assistance with personal care to the member.
    - Examples of such activities are:
        - Changing and washing the member's soiled bed linens.
        - Rearranging furniture to enable the member to move about more easily in his/her own home.
        - Cleaning the member's eating area after completion of the meal and/or cleaning items used in preparing the meal, for the member only.
- Remind/prompt a member who is over 18 years of age about self-administered medication;
- Accompanying, not transporting, the member to and from his/her physician and/or medical appointments for necessary medical services.
- Assisting the member with locomotion in their place of service, while in bed or from one surface to another. Assisting the member with transferring and bed mobility.

Intent of Services:

- EPSDT PCS shall not be provided to meet childcare needs nor as a substitute for the parent or guardian in the absence of the parent or guardian.
- EPSDT PCS shall not be used to provide respite care for the primary caregiver.
- 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.

Location of Service

EPSDT – PCS shall be provided in the member's home, or if medically necessary, in another location outside of the member's home. The member's own home includes the following: an apartment, a custodial relative's home, a boarding home, a foster home, or a supervised living facility.

Institutions such as hospitals, institutions for mental disease, nursing facilities, intermediate care facilities for individuals with intellectual disabilities, (ICF/IID's) or residential treatment centers are not considered a member's home.

Service Limitations

EPSDT – PCS ~~are not subject to service limits. The~~ units of service approved shall be based on the physical requirements of the member and medical necessity for the covered services. Hours may not be "saved" to be used later or in excess of the number of hours specified according to the approval letter.

PCS providers may not provide services at the same time as other covered services, unless medically necessary.

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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 which 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 (an EPSDT PCS worker may only remind/prompt about self-administered medication to an EPSDT eligible member who is over the age of 18);
- Cleaning of the home in an area not occupied by the member;
- Laundry, other than that incidental to the care of the member;
    - Example: Laundering of clothing and bedding for the entire household as opposed to simple laundering of the member's clothing or bedding;
- 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;
- Teaching a family member or friend how to care for a member 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 the member (exercise or performance of simple procedures as an extension of physical therapy services)
    - Measuring/recording the member's vital signs (temperature, pulse, respiration and/or blood pressure, etc.), or intake/output of fluids
    - Specimen collection
    - 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, 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; and
- Social work visits

Electronic Visit Verification

The agency shall use an electronic visit verification (EVV) system for time and attendance tracking and billing for EPSDT - PCS.

Reimbursement for services may be withheld or denied if an EPSDT - PCS provider fails to use the EVV system, or uses the system not in compliance with Medicaid's policies and procedures for EVV

~~**PROCEDURE:**~~

~~Services shall be ordered by the member's prescribing physician. A face-to-face evaluation must be held every 90 days between the member and the prescribing physician or by telehealth visit for contagious disease precautions. In exceptional circumstance, the face-to-face evaluation required may be extended to 180 days. Hours may not be "saved" to be used later or in excess of the number of hours specified in the approval letter.~~

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    - ~~Signatures by registered nurses are not acceptable~~
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Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

~~CPT® Codes~~	~~Description~~

HCPCS Codes	Modifier	Description
T1019	EP	EPSDT- Personal Care Services per 15 minutes

~~**ICD-10-CM Diagnosis Codes that Support Coverage Criteria**~~

~~+ Indicates a code requiring an additional character~~

~~ICD-10-CM Code~~	~~Description~~

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New Policy (was work process LA.UM.101)	11/2021	
Annual review. Converted to Clinical Policy Template. Revised Covered Services to align with current practices. Added Electronic Visit Verification section	11/2022	

References

1. Louisiana Medicaid Personal Care Services Provider Manual

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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