Personal Care Services (Agency Delivery)
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Personal Care Services (Agency Delivery)		
MNG #: 081	☒ CCA Senior Care Options (HMO D-SNP) (MA) ☒ CCA One Care (Medicare-Medicaid) (MA)	**Prior Authorization Needed?** ☒ **Yes (always required)** ☐ **Yes (only in certain situations. See this MNG for details)** ☐ **No**
Benefit Type: ☐ **Medicare** ☒ **Medicaid**	**Original Approval Date:** 9/2/2021	**Effective Date:** 2/6/2022; 12/12/24; 10/1/2025
Last Revised Date: 5/30/2022; 10/10/2024; 12/12/2024; 5/8/2025	**Next Annual Review Date:** 9/2/2022; 5/30/2023; 10/10/25	**Retire Date:**

OVERVIEW:

Personal Care Services (PCS) may be covered when an individual requires supervision or assistance with activities of daily living (ADLs) related to independent living and when the personal care service enables the individual to function with greater independence within their home and community.

Personal care agency workers provide supervision or assistance to enable an individual to complete an ADL task such as bathing, dressing, and personal hygiene. In addition to assistance with ADLs, personal care workers may also aid with instrumental activities of daily living (IADLs) such as bed-making, laundry and meal preparation, reminders with or administration of medications and escort to medical appointments.

A qualified PCS agency hires, fires, pays, and trains Personal Care workers who provide above services to individuals.

NOTE: A **self-directed** service delivery model is an alternative to traditionally delivered and managed Personal Care Agency Services, such as an agency delivery model. The self-directed model for personal care services is called the Personal Care Attendant (PCA) Program. Refer to **Personal Care Attendant Program (Consumer/Self -Directed) Medical Necessity Guidelines** #080.

DEFINITIONS:

Activities of Daily Living (ADL): Certain basic tasks required for daily living, including, but not limited to, eating, toileting, dressing, personal hygiene, bathing, transferring, and mobility/ambulation, and medication reminders.

Activity Time: The actual amount of necessary one:one time spent by a PCS cueing/supervising and/or physically assisting the member to complete each Activity of Daily Living [ADL(s)] and Instrumental Activities of Daily Living [IADL(s)].

Care Partner: One main person who works with member, CCA, and member's care providers to make sure that member receives the care they need.

Care Team: A team that may consist of member's primary care provider (PCP), a nurse practitioner, a registered nurse, a physician assistant, community health worker, or/and a geriatric support services coordinator (GSSC) who are

responsible to coordinate all member's medical care. "Coordinating" member's services includes checking or consulting with member and other plan providers about member's care and how it is going.

Care Coordinator: The Care Coordinator is a member's primary Care Partner to navigate the health plan, MassHealth, and Medicare complexities. A Care Coordinator serves as the primary point of contact for the Member and the ICT, participates in the Member's Comprehensive Assessments, provides care planning and the coordination of services, and serves as an internal representative for the Member's needs and preferences within the plan.

CCA Personal Care Plan: Describes the activities and assistance to be performed by the PCS worker, developed by the CCA registered nurse or licensed practical nurse under the supervision of an RN.

Clinical Assessment: The comprehensive screening process of documenting a member's need using the Minimum Data Set (MDS) tool to form the basis for prior authorization.

Comprehensive Assessment: A review of a member's medical history and current condition. It is used to determine the member's health and how it might change in the future.

Family Member: A spouse or any legally responsible relative of the member.

Frail Elder Waiver (FEW) Program: A Home- and Community-Based Services (HCBS) waiver designed to make supports available to eligible elders aged 60 and older who meet the level of care for a nursing facility but prefer to remain in the community.

Functional Assessment Tool: A set of questions about a member's health condition and functional needs used in development of member's individualized care plan. Time for each activity is based on guidelines for determining the amount of one:one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

Individualized Care Plan (ICP): A plan that describes which health services member will receive and how member will receive these services (Also known as an Individualized Personal Care Plan.)

Instrumental Activities of Daily Living (IADL): Certain basic environmental tasks required for daily living, including the ability to prepare meals, do housework, laundry, shopping, , use transportation, manage money, and use the telephone.

Interdisciplinary Care Team (ICT): A team consisting of Member, Care Coordinator, Clinical Care Manager (RN and/or BH), PCP, GSSC/LTSC, and other individuals at the Member's discretion. The care team is responsible for effective coordination and care delivery for the Member. The care team works with the Member to develop, implement, and maintain their Individualized Care Plan ("care plan").

Legally Responsible Individual - Any person who has a duty under state law to care for another person including, but not limited to, a legal guardian or a spouse of member.

Member: a person who is enrolled in the CCA One Care (ICO) or CCA Senior Care Options (SCO) plan.

Minimum Data Set (MDS): A standardized primary screening and assessment tool that serves as the foundation of the comprehensive assessment. Also referred to as the Clinical Assessment.

Personal Care: Services provided to a member, which may include physical assistance, supervision or cuing of members, for the purpose of assisting the member to accomplish activities of daily living (ADLs) including, but not limited to, eating, toileting, dressing, bathing, transferring, and ambulation.

Personal Care Services (Agency Delivery)
Medical Necessity Guideline

Personal Care Management (PCM) Agency: A public or private agency or entity under contract with EOHHS to provide PCM functions in accordance with 130 CMR 422.000 and the PCM agency contract.

Respite Services: Services provided to members unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of caregivers.

Time To Task Tool: An assessment based on the standard of time for determining the amount of one:one Activity Time required to perform activities of daily living (ADLs), instrumental activities of daily living (IADLS). These time periods are based on established guidelines for the standard of time it takes a staff person to provide individualized support to a member to perform a specific activity, depending on the level of assistance and behavioral support required by the member. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less time.

DECISION GUIDELINES:

Commonwealth Care Alliance (CCA) may cover activity time performed by a Personal Care worker in aiding member with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Less costly alternatives to personal care services that promote the member's greatest degree of independence in performing ADLs and IADLs, such as use of durable medical equipment (tub seat, raised toilet seat, assistive devices), should be considered.

PCS requests for permanent and chronic conditions may be authorized up to 1 year.
PCS requests for **acute** conditions may be authorized up to 3-6 months.

A new request for change to member's current PCS authorization **must** be submitted when a change in the member's status impacts member's ability to perform ADLs and/or IADLs and the member requires less or additional hours than currently authorized.

Clinical Coverage Criteria:

CCA may cover Personal Care services (PCS) when all of the following criteria are met:

1. The member has one or more chronic or post-acute medical, physical, cognitive, and/or behavioral conditions that requires daily assistance with at least **one** ADL described below. Such assistance must be either:
    a. Hands-on (physical) assistance, **or**
    b. Cueing and supervision throughout the entire ADL; and
2. Documentation of how member's condition impairs their ability to perform ADLs and IADLs without assistance; and
3. A Clinical Assessment (MDS) completed within one year prior to request, documenting member's diagnosis and member's level of assistance needs assessed by a registered nurse (RN)**;** and
4. Time-for-Task Tool or Functional Assessment completed within one year prior to request, which documents all of the following:
    a. How member's condition impairs their ability to perform **one or more** activities of daily living (ADLs) (listed and defined below)

- **Mobility:** member must be physically steadied, assisted, or guided in mobility, or is unable to self-propel a wheelchair appropriately without the assistance of another person or the member can perform the ADL activity, but requires cueing and supervision throughout the performance of the task to complete it
- **Bathing:** a full body bath or shower or a sponge (partial) bath which may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peri-area that may include personal hygiene such as combing or brushing of hair, oral care, shaving, and when applicable applying make-up
- **Dressing:** Physically assisting a member to dress or undress or the member can perform the ADL activity, but requires cueing and supervision throughout the performance of the task to complete it
- **Eating/feeding:** member requires constant supervision and cueing during the entire meal or physical assistance with a portion or all of the meal
- **Toileting:** cueing/supervision throughout the performance of the task to complete it or physically assisting with bowel and bladder needs
- **Transferring**: member must be assisted or lifted to another position, or the member can perform the ADL activity, but requires cueing and supervision throughout the performance of the task to complete it; **and**

b. How member's condition impairs their ability to perform **two or more** Instrumental Activities of Daily Living (IADLs) listed below:

- Meal preparation
- Light Housework
- Grocery shopping
- Laundry; and

c. Identifies time required to complete each ADL and IADL; and

5. Member can be appropriately cared for in the home; and
6. Documentation supports how PCS are appropriate and necessary to improve or maintain member's current health status; and
7. Personal care services are included in the CCA Personal Care plan; and
8. PCS are not duplicative of services being received by member; and
9. PCS are the least costly form of comparable care available; and
10. Significant Change request must include:
    a. The change in the member's medical condition, functional status, or living situation; and
    b. How change in member's condition affects the member's ability to perform ADLs and IADLs; and
    c. If the change is expected to be permanent or temporary; and
    d. Any other documentation requested by CCA to support the medical necessity review such as, but not limited to, clinical documentation, evaluations or assessments that support the signs and symptoms pertinent to the chronic or post-acute medical, cognitive, or behavioral health condition.

Personal Care Services (Agency Delivery)
Medical Necessity Guideline

LIMITATIONS/EXCLUSIONS/EXCEPTIONS:

Frail Elder Waiver (FEW) participant may require Personal Care service to maintain their eligibility for the waiver. Consultation with the GSSC is recommended for further information.

1. CCA plan does not pay for Personal Care Services when:
   a. PCS are requested for anticipatory needs and supervision outside of ADL and IADL activities
   b. PCS (IADLs) are for the benefit of other household members; for example, cleaning common areas or laundry for other persons living in the home
   c. PCS are provided in Adult Day Health centers, Day Habilitation Centers, group homes, or in combination with any other service or setting that includes assistance with ADLs
   d. PCS are inappropriate, unsafe, and unnecessary for member
   e. PCS are provided before the development of the service plan or not included and authorized in member's service plan
   f. A family member or legally responsible individual lives with the member and is able and capable to provide IADLs support to member
   g. PCS are duplicative of other services that provide personal care services, including, but not limited to:
      i. Personal Care Attendant (PCA) service
      ii. Adult Foster Care (AFC) service
      iii. Group Adult Foster Care service
      iv. Assisted Living Service
      v. Home health Aide service
      vi. Supportive Home Care Aide (SHCA) service
   h. PCS are duplicative of other services that provide IADL services unless there are unique member-specific needs requiring consideration, and those other services do not duplicate services the Personal Care worker are expected to provide:
      i. Companion Service with or without transportation
      ii. Grocery Shopping and Delivery service
      iii. Homemaker service
      iv. Home Delivered Meals service
      v. Laundry Service
   i. The member is a resident or inpatient of a hospital, nursing facility, ICF/IID, or other provider-operated residential facility that receives state funding to provide personal care services and is subject to state licensure, such as group homes licensed by the Department of Developmental Services (DDS) or the Department of Mental Health (DMH), or other facility that provides the member's medically necessary personal care
2. Authorizations should not exceed the standard of time of the CCA Functional Assessment Tool or the CCA Time for Task Tool Guidelines.
3. The combination of Personal Care Services with Homemaker, Supportive Home Care Aide (SHCA), Home Health Aide, individual support and community habilitation, and Companion Services is limited to no more than 84 hours per

week*.

* Exceptions may be granted to the limit on a 90-day basis in order to maintain a member's tenure in the community, to provide respite to a caregiver who lives with the participant, to facilitate transitions to a community setting, to ensure that a participant at risk for medical facility admission is able to remain in the community, or to otherwise stabilize a participant's medical condition. Exceptions may also be granted for participants awaiting transition to a residential waiver. Exceptions to the 84 hour per week limit must be included in the participant's individual plan of care.

CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
S5131	Personal Care (Agency, not PCA)

Disclaimer

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual© criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

This Medical Necessity Guideline is not a rigid rule. As with all CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less

costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

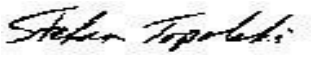
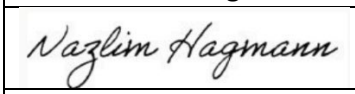
REFERENCES:

1. MassHealth 130 CMR 630.421: Home and Community Based Waiver Services

REVISION LOG:

REVISION DATE	DESCRIPTION
5/8/2025	Updated Limitation/Exclusion language to include #3 - 84hr limit per 130 CMR 630.000. LIMITATIONS/EXCLUSIONS/EXCEPTIONS #2 revised to read "Authorizations should not exceed the standards of CCA's Functional Assessment for Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) or Time for Task Tool".
12/17/2024	Utilization Management Committee Approval
12/12/2024	Removed Personal Care Services exception for Adult Foster Care Level 2 (AFC Level 2)
10/15/2024	Utilization Management Committee Approval
10/10/2024	Title change, updates to overview section and definitions. Updated criteria including documentation requirements. Updated re-authorization requirements for acute conditions and change in member status. Added limitations
5/30/2022	Template changed to include PA requirements and benefit type.

APPROVALS:

Stefan Topolski	Senior Medical Director
CCA Clinical Lead	**Title**
	5/8/2025
Signature	**Date**
CCA Senior Operational Lead	**Title**
Signature	**Date**
Nazlim Hagmann	Chief Medical Officer
CCA CMO or Designee	**Title**
	5/8/2025
Signature	**Date**