



Personal Care Agency Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Personal Care Agency		
MNG #: 081	<input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care <input type="checkbox"/> MA Medicare Premier <input type="checkbox"/> MA Medicare Value <input type="checkbox"/> RI Medicare Preferred <input type="checkbox"/> RI Medicare Value <input type="checkbox"/> RI Medicare Maximum	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 9/2/2021;	Effective Date: 2/06/2022;
Last Revised Date: 5/30/2022	Next Annual Review Date: 9/2/2022; 5/30/2023;	Retire Date:

OVERVIEW:

Personal Care (PC): Personal Care refers to hands-on assistance (physically performing a task for the member) or cueing to prompt the member to perform a task. Services are provided by Personal Care Workers who have received 60 hours of training. Services may include assistance in bathing, dressing, personal hygiene, other activities of daily living, reminders with medications (“”), health-related tasks, and medical escort.

Personal care services may be required when the participant requires a range of assistance with ADLs related to independent living and when the personal care service enables the participant to function with greater independence within the participant's home and community. Personal care services under an HCBS waiver may include supervision and cueing of participants. Personal care services may also include assistance with IADLs. The PC Agency is expected to complete Instrumental Activities of Daily Living (IADLs), such as bed-making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health or welfare of the individual, rather than the individual’s family.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, 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.

Clinical eligibility: In order to be eligible to receive PC, the member must have a physical, cognitive, or behavioral-related disability that prevents the member from completing at least one of the following Activities of Daily Living (ADLs) without assistance (cueing, prompting, or hand-on):



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- Mobility
- Transfers
- Bathing/Grooming
- Dressing/Undressing
- Eating/feeding
- Toileting
- Taking medication

The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

Determination of need: In order to receive PC, the authorizing clinician must determine that services are required to maintain the health and welfare of the member, and that the guidelines for limitations and exclusions have been met.

LIMITATIONS/EXCLUSIONS:

Exclusions:

- PC may not be authorized for possible or preventative needs.
- CCA does not pay for personal care services provided in a hospital, nursing facility, intermediate care facility for persons with intellectual disabilities, or any other institutional facility setting providing medical, nursing, rehabilitative, or related care.
- PC may not be 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.
- PC may not be combined with GAFC or Consumer-Directed Personal Care Attendant (PCA), except when agency services are provided as back-up for PCA.

Limitations:

- Authorizations must not exceed the standards of CCA's Personal Care Time for Task Guidelines.
- Up to 10 hours per week of PC may be authorized for members receiving Adult Foster Care Level 2 (AFC Level 2) for the purpose of providing respite to the AFC Caregiver.
 - **Exceptions:**
 - May be granted on a 45-day basis in order to provide respite to a caregiver who lives with the participant, to facilitate transitions to a community setting, transitioning to a lower level of service or to a residential service, to ensure that an individual at risk for medical facility admission is able to remain in the community, or otherwise to stabilize a member's medical condition; OR
 - If the member has quadriplegia, ALS, muscular dystrophy, or uses a respirator
- IADL assistance authorized under PC must conform to the limitations and exclusions found in CCA's Clinical



KEY CARE PLANNING CONSIDERATIONS:

- The care team must ensure that services are non-duplicative.
- A registered nurse or licensed practical nurse under the supervision of an RN must complete the CCA Personal Care Plan Form that describes the activities and assistance to be performed by the PCHM.
- It is important to support and maintain the involvement of informal supports in the member's care.
- Less costly alternatives to personal assistance services must be considered, such as home modifications or assistive devices that promote the member's greatest degree of independence in performing ADLs and IADLs.
- PCA may be indicated for members who require medication administration (as opposed to cueing and supervision or certain forms of mechanical assistance such as opening containers and reading medication labels).
- Home Health Aide may be indicated for members with certain conditions/diagnoses including: members with extensive paralysis or total immobility, those requiring assist of two or use of a mechanical lift, severe contractures, open wounds, certain types of fractures including, but not limited to those casted to immobilize, unstable medical conditions, and those that require special skin care.
- SCO members on the Frail Elder Waiver (FEW) may require this service in their care plan to remain eligible for the waiver. This service may be approved as an exception to existing limitations/exclusions in those instances. Consult with the GSSC for additional information.

AUTHORIZATION:

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. 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. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. 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).

PC requires prior authorization with code S5131. Authorization decisions must be made on the basis of an in-person, in-home assessment of the member by a registered nurse, licensed practical nurse under the supervision of a registered nurse, nurse practitioner, or physician assistant, as well as any other relevant information, e.g., medical diagnoses. As part of the authorization process, a registered nurse or a licensed practical nurse under the supervision of a registered nurse, must complete the CCA Personal Care Plan Form that describes the activities and assistance to be performed by the PCHM. This form needs to be shared with the PCHM provider prior to services being initiated.



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REGULATORY NOTES:

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. This MNG references the specific regulations, coverage, limitations, service conditions, and/or prior authorization requirements in the following:

MassHealth 130 CMR 630.421

RELATED REFERENCES:

Disclaimer

This Medical Necessity Guideline is not a rigid rule. As with all of 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.

CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal DST's conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION
5/30/2022	Template changed to include PA requirements and benefit type.



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