

Clinical Policy: Personal Care Services (PCS)-DOJ

Reference Number: LA.CP.MP.508

Date of Last Revision: 01/2022

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Personal care services (PCS) include assistance and/or supervision necessary for members with mental illness to enable them to accomplish routine tasks and live independently in their own homes.

Policy/Criteria

- I. It is the policy of Louisiana Healthcare Connection that Personal Care Services are **medically necessary** when the following indications are met:
 - a. **Members must be at least 21 years of age**
 - b. **Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.**
 - c. Recommended by the member's treating licensed mental health professional (LMHP) or physician within their scope of practice.
 - d. Not enrolled in a Medicaid-funded program which offers a personal care service or related benefit, and
 - e. Care needs do not exceed that which can be provided under the scope and/or service limitations of this personal care service.
 - f. Requires at least limited assistance with one or more ADLs.
 - i. The interRAI assessment defines Limited Assistance for most ADLs as the receipt of physical help or a combination of physical help and weight-bearing assistance during the assessment's look-back period;
 - g. Able to participate in his/her care and be able to direct their care independently, or through a responsible representative.

Background

Components:

Personal care services include the following:

- Minimal assistance with, supervision of, or prompting the member to perform **activities of daily living (ADLs)** including eating, bathing, grooming/personal hygiene, dressing, transferring, ambulation, and toileting.
- Assistance with, or supervision of, **instrumental activities of daily living (IADLs)** to meet the direct needs of the member (and not the needs of the member's household), which includes:
 - Light housekeeping, including ensuring pathways are free from obstructions;
 - Laundry of the member's bedding and clothing, including ironing;
 - Food preparation and storage;
 - Assistance with scheduling (making contacts and coordinating) medical appointments;

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- Assistance with arranging transportation depending on the needs and preferences of the member;
- Accompanying the member to medical and behavioral health appointments and providing assistance throughout the appointment;
- Accompanying the member to community activities and providing assistance throughout the activity;
- Brief occasional trips outside the home by the direct service worker on behalf of the member (without the member present) to include shopping to meet the health care or nutritional needs of the member or payment of bills if no other arrangements are possible and/or the member's condition significantly limits participation in these activities; and
- Medication reminders with self-administered prescription and non-prescription medication that is limited to:
 - Assistance with opening the bottle or bubble pack when requested by the member
 - Reading the directions from the label; or
 - Assistance with ordering medication from the drug store
 - NOTE: PCS workers are NOT permitted to give medication to members. This includes taking medication out of the bottle to set up pill organizers.
- Assistance with performing basic therapeutic physical health interventions to increase functional abilities for maximum independence in performing activities of daily living, such as range of motion exercise, as instructed by licensed physical or occupational therapists, or by a registered nurse.

Service Delivery

- There shall be member involvement throughout the planning and delivery of services. Services shall be:
 - Delivered in a culturally and linguistically competent manner in accordance with member's preferences and needs;
 - Respectful of the member receiving services;
 - Appropriate to members of diverse racial, ethnic, religious, sexual and gender identities and other cultural and linguistic groups; and
 - Appropriate for age, development, and education.

Service Documentation

- Providers must develop a service plan in collaboration with the member/member's family to include the specific activities to be performed, including frequency and anticipated/estimated duration of each activity, based on the member's goals, preferences, and assessed needs. The service plan must be developed prior to service delivery and updated at least every six (6) months, or more frequently based on changes to the member's needs or preferences. The PCS provider shall provide the plan to the member prior to service delivery and when the plan is updated.

Service logs must be:

- Completed daily as tasks are performed (service logs may not be completed prior to the performance of a task), and

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- Signed and dated by the direct service worker and by the member or responsible representative after the work has been completed at the end of the week.
- A separate log must be kept for each member. All portions of the service log must be completed each week.
- In addition, direct services workers and providers must document services provided through the electronic visit verification system, in accordance with Section X.

Exclusions

- PCS does not include administration of medication; insertion and sterile irrigation of catheters; irrigation of any body cavities which require sterile procedures; complex wound care; or skilled nursing services as defined in the State Nurse Practice Act.
- Services must be provided in home and community-based settings, and may not be provided in the following settings:
 - In a home or property owned, operated, or controlled by an owner, operator, agent, or employee of a licensed provider of personal care services.

Coding Implications

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CPT® Codes	Description
None	

HCPCS Codes	Description
S5125	Personal care services (billable for < 28 units/day) – per 15 minutes
S5126	Personal care services (billable for ≥ 28 units/day) – per diem

ICD-10-CM Diagnosis Codes that Support Coverage Criteria

+ Indicates a code requiring an additional character

ICD-10-CM Code	Description

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date	1/22	

References

1. LDH Behavioral Health Provider Manual.
2. LDH Personal Care 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. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

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