

## Personal Care Services

**Definition:** Personal Care Services are defined as assistance, either hands-on (actually performing a personal care task for a person) or cueing so that the person performs the task by him/herself, in the performance of Instrumental Activities of Daily Living (IADLs) and/or Activities of Daily Living (ADLs). ADLs include eating, bathing, dressing, toileting, transferring, personal hygiene, and maintaining continence. IADLs capture more complex life activities and include light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management, to include informing a client that it is time to take medication as prescribed by his/her physician or handing a client a medication container, and money management to consist of delivery of payment to a designated recipient on behalf of the client. Personal Care services can be provided on a continuing basis or on episodic occasions. Skilled services that may be performed only by a health professional are not considered personal care services.

Authorizations to providers will be made at two different payment levels. The higher level will be called **Personal Care II** and will be used, based on assessed need, when the majority of care is related to activities of daily living (e.g. hands-on care to include bathing, dressing, toileting, etc.). This service may also include monitoring temperature, checking pulse rate, observing respiratory rate, and checking blood pressure. The lower level, **Personal Care I**, will be authorized when, based on assessed need, all of the care is for instrumental activities of daily living (e.g. hands off tasks such as laundry, meal preparation, shopping, etc.). PC I services do not include hands-on care. Both services allow the provider to accompany the participant on visits in the community when the visits are related to the needs of the participant, specified in the plan of care, and related to needs for food, personal hygiene, household supplies, pharmacy or durable medical equipment. You have the responsibility to identify the necessity of the trip, document the plan of care, authorize this component of the service, and monitor the provision of the services.

**Note:** If the SFCS participant is Medicaid eligible and under age 21, he/she may be eligible for Children's Personal Care (CPCA) as a Medicaid State Plan service. If the SFCS participant may be eligible for CPCA, call 855-278-1637 to refer to SCDHHS for services.

**Providers:** Centers/agencies listed as providers of Personal Care on the Qualified Provider Listing found on DDSN's website. A list of qualified service providers should be given to person / representative, from which a provider can be chosen. The offering of choice should be documented.

**Arranging for the Service:** *The Personal Care-Attendant Care Assessment* may be used to assess the need for Personal Care, but is not required. This assessment can be found on DDSN's Application Portal under *Business Tools> Forms> CSW Waiver>CSW Manual Forms*. If not used, the assessment must reflect the tasks with which the assistance of a Personal Care Aide is needed.

The need for Personal Care services must be documented in the Support Plan and the plan must be approved by DDSN before services can be authorized. The cost of services must be added to the *State Funded Community Supports Budget Calculator*. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded. The unit of service for Personal Care I and II is one unit = 15 minutes.

*The SFCS Authorization (Other Services-DDSN Billed)* form must be used to authorize the service. The authorization instructs the provider to bill DDSN for services rendered. See billing procedures in the SFCS Manual, section 7 for additional information. The authorization will remain in effect until a new authorization is issued or a *Notice of Reduction or Termination Form (SFCS Form 4)* is issued.

**Monitoring the Services:** The Support Plan, which includes Personal Care services, should be monitored in accordance with DDSN Case Management Standards.

**Reduction or Termination of Services:** When Personal Care services are being reduced or terminated the *Notice of Reduction or Termination (SFCS Form 4)* must be used to notify the participant/representative, the provider, and DDSN-SURB. See SFCS Manual, section 6 for additional information.