

# MEDICAID STATE PLAN SERVICES

The services listed below are not funded through the waiver for those under the age of 21 and are not considered a “Waiver service”. However, these services can be authorized by the DDSN Waiver Case Manager (DSN Board and DDSN Contracted Providers of Case Management) when the participant is enrolled in a DDSN Waiver (ID/RD or Community Supports) and the service has been approved by the Waiver Administration Division.

## **Children’s Personal Care (under 21)**

If approved, the DDSN WCM can authorize this service for participants under the age of 21 enrolled in the ID/RD or Community Supports Waiver only. **Children’s Personal Care cannot be authorized by the DDSN WCM for those enrolled in the HASCI Waiver because Personal Care is not a HASCI Waiver service.**

## **Incontinence Supplies (under 21)**

If approved, the DDSN WCM can authorize this service for participants under the age of 21 enrolled in the ID/RD, Community Supports and HASCI Waiver.

## **Children’s Nursing (under 21)**

If approved, the DDSN WCM can authorize this service for participants under the age of 21 enrolled in the ID/RD Waiver or HASCI Waiver only. **Children’s Nursing cannot be authorized by the DDSN WCM for those enrolled in the Community Supports Waiver because nursing is not a Community Supports Waiver service.**

## Children's Personal Care Aide (CPCA) Services

Active, hands-on assistance in the performance of Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) provided to the waiver participant in or outside his/her home. Personal care services can be provided on a continuing basis or on episodic occasions. Under no circumstances will any type of skilled medical service be performed by an aide.

Children's Personal Care Aide Services (CPCA) are available to Medicaid eligible children under age 21 who require daily monitoring and observation due to medical needs which could result in medical complications. The medical needs are documented, and the services of a Personal care Aide are required and intended to maintain optimum health status.

Personal care services in the State Medicaid Plan are only available to children. All medically necessary personal care services for children under age 21 are covered in the state plan pursuant to the EPSDT benefit.

Note:

\*A personal care aide cannot perform any skilled tasks such as g-tube feeds.

### **To qualify for CPCA services, a child must:**

- Require extensive (hands on) assistance for at least one of the Functional Deficits listed below  
**AND**
- Meet the Service Needs Requirement

### **Functional Deficits (must meet one)**

1. Requires extensive (hands on) assistance in **bathing, dressing, toileting** AND **feeding**, if age appropriate.
2. Requires extensive (hands on) assistance with walking or wheelchair locomotion activities (if age appropriate).
3. Requires extensive (hands on) assistance with transfer (if age appropriate).
4. Requires extensive (hands on) assistance with daily incontinence care (if age appropriate) or with daily catheter or ostomy care.
  - **For infants ages 0-1**, functional deficits generally will not apply. Medical necessity is based on Service Needs Requirement only.
  - **For children 0-5 years of age**, Attachment A - *Guide to Developmental Stages of Children* may be used to determine age-appropriate activity.

### **Service Needs Requirement**

A physician must certify that the child requires daily monitoring and observation due to medical needs which could result in complications and that the services of a Personal Care Aide are required and intended to maintain the child's optimum health status. The *Children's PCA Physician's Information Form (MSP-1)* is used for this purpose and is located in Business Tools. The *Children's PCA Physician's Information Form* must be completed at the time of the **initial request and annually** during the development of the Support Plan.

Note: Children's Personal Care services are not intended to replace care provided by the parents/family or other natural/legal caregivers.

CPCA Services are designed to help with normal daily activities and to monitor the medical conditions of the child. Aides providing this service may assist with ambulation/walking, bathing, dressing, toileting, grooming, preparing meals, and feeding. In addition to the hands-on care provided to the child, aides may also help to maintain the child's home

environment by performing light cleaning, laundry for the child, and tasks to keep the home safe for the child but these tasks may not be performed as discrete activities.

Aides work under the supervision of an RN or LPN but may not perform any type of skilled medical services. Aides may observe the child's vital signs such as respiratory rate, pulse rate, and temperature.

During the provision of the CPCA services, aides must be actively engaged in the completion of allowable tasks determined by the WCM to be needed. The provision of this service does not include supervision of the child ("childcare") as a discrete task nor does it include down-time between tasks or time waiting for a task to be needed.

A personal care aide is not allowed to render services in a school setting or during homebound instruction. CPCA must be provided in the recipient's home.

The unit of service is 15 minutes of service provided by one PCA.

**Please see:** Please see Scope of Services for Nursing Services on the DHHS website (<http://www.scdhhs.gov>) for further information.

**Providers:** CPCA Services must be provided to children by an agency enrolled with the Department of Health and Human Services. A list of providers must be given to the participant/legal guardian to choose from. Offering a choice of provider must be documented in the case notes.

### **Conflict Free Case Management**

To honor choice and prevent conflicts of interest, providers of Waiver Case Management (WCM) services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 30 days.

**Arranging for and authorizing the service:** When a child is believed to have needs that can be met through the provision of CPCA Services, access to those services may be obtained in one of two ways:

- 1. For children who are NOT ENROLLED** in the Department of Disabilities and Special Needs' (DDSN) Intellectual Disability/Related Disabilities (ID/RD) Waiver or Community Supports (CS) Waiver, access to CPCA is gained by referring the child to the Community Long Term Care (CLTC) area office. CLTC referrals may be made by anyone with knowledge of the person's needs and the permission of the person being referred or their parent/legal guardian.

**Referrals to CLTC for CPCA** for those not enrolled in a DDSN Waiver may be made by calling the CLTC Centralized Intake number at 1-888-971-1637. An electronic referral is the preferred method. To make an electronic referral to CLTC, go to: [https://phoenix.scdhhs.gov/cltc\\_referrals/new](https://phoenix.scdhhs.gov/cltc_referrals/new).

- 2. For children who are ENROLLED in either the ID/RD Waiver or CS Waiver**, if a physician determines the child qualifies for CPCA services, the assessment of need and authorization of services is made by the child's WCM. The WCM will obtain a completed Children's PCA Physician's Information Form (MSP-1) (located in Business Tools) from the child's physician. The WCM will also complete the DDSN Personal Care-Attendant Care Assessment (located in Business Tools).

**Service Approval:** Initially and annually during plan development, a **new Children's PCA Physician's Information Form and the Personal Care-Attendant Care Assessment must be completed and submitted for review to the Waiver Administration Division.**

**Requests must:**

- specifically explain need/reason for service
- include the Children's PCA Physician's Information Form
- include the completed Personal Care-Attendant Care Assessment
- include the proposed schedule for service delivery
- include supporting medical documentation
- be submitted to the SCDDSN Waiver Administration Division

NOTE: If the completed *Children's PCA Physician's Information Form* and/or completed *Personal Care-Attendant Care Assessment* indicates that either no service is needed or a reduced amount of service is needed, the WCM must issue a *Notice of Termination/Reduction or Suspension* at least ten (10) working days prior to the actual termination/reduction of the service. The reconsideration/appeals process must be attached.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be direct billed to SCDHHS and indicated on the authorization. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year. **The *Children's PCA Physician's Form* must be attached to the authorization.**

**Monitoring Services:** The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the WCM monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary to ensure:

- the health, safety, and well-being of the participant.
- the service adequately addresses the needs of the participant.
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations.
- the participant/representative is satisfied with their chosen provider/s.

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the parent/guardian including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the parent/guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. ***The Notice of Termination, Reduction, Denial or Suspension of Medicaid State Plan Service (MSP Form 4)*** will be used to reduce, suspend or terminate the service when applicable.

**NOTE:** When a child turns 21 years old, CPCA Services can no longer be received as a State Plan Medicaid Service. Please refer to the Enrollments Chapter of the appropriate Waiver manual for instructions on how to transition a child from CPCA services to waiver funded Personal Care Services.

If a child who is receiving CPCA Services is disenrolled from the ID/RD or Community Supports Waiver, the WCM must also terminate CPCA services as the DDSN Case Manager can no longer authorize the service. If the participant continues to need CPCA services, see above information for Referrals to CLTC.

### Guide to Developmental Stages of Children

<p><b>1 month</b></p> <ul style="list-style-type: none"> <li>• Makes crawling movements when prone</li> <li>• When held in standing position, body limp at knees and hips</li> <li>• In sitting position back is uniformly rounded, absence of head control</li> </ul> <p><b>2 months</b></p> <ul style="list-style-type: none"> <li>• Turns from side to back</li> <li>• When prone, can lift head almost 45 degrees off table</li> <li>• When held in sitting position, holds head up but head bobs forward</li> </ul> <p><b>3 months</b></p> <ul style="list-style-type: none"> <li>• Holds head high, makes crawling movements when prone</li> <li>• Able to hold head more erect when sitting, but still bobs forward</li> <li>• When held in standing position, able to bear slight fraction of weight on legs</li> <li>• Supports weight on forearms</li> <li>• Able to raise head and shoulders from prone position to 45-90 degree angle from table</li> <li>• Opens hand spontaneously</li> </ul> <p><b>4 months</b></p> <ul style="list-style-type: none"> <li>• Rolls from back to side</li> <li>• Able to sit erect if propped up</li> <li>• Supports weight on feet briefly with underarm support</li> </ul> <p><b>6 months</b></p> <ul style="list-style-type: none"> <li>• When held in standing position, bears almost all of weight</li> <li>• Sits with support</li> <li>• Lifts legs high, holds them out straight</li> </ul> <p><b>7 months</b></p> <ul style="list-style-type: none"> <li>• Bears full weight on feet</li> <li>• Rolls over easily</li> <li>• Sits without support</li> <li>• Pushes up on hands and knees and rocks</li> </ul> <p><b>8 months</b></p> <ul style="list-style-type: none"> <li>• Readily bears weight on legs when supported, may stand holding onto furniture</li> <li>• Crawls on belly – arms used to pull body forward</li> </ul> <p><b>9 months</b></p> <ul style="list-style-type: none"> <li>• Crawls, may progress backward at first</li> <li>• Sits steadily on floor for prolonged time (10 minutes)</li> <li>• Pulls self to standing position and stands holding onto furniture</li> <li>• Makes stepping movements</li> </ul> <p><b>10 months</b></p> <ul style="list-style-type: none"> <li>• Pulls self up</li> <li>• Can hold bottle and feed self crackers</li> <li>• Can drink from cup</li> <li>• Crawls by pulling self forward with hands</li> <li>• Pulls self to sitting position</li> <li>• Stands while holding onto furniture, sits by falling down</li> </ul>	<p><b>12 months</b></p> <ul style="list-style-type: none"> <li>• Begins to stand alone and toddle</li> <li>• Uses spoon</li> <li>• Cruises or walks holding onto furniture or with hand held</li> <li>• May attempt to stand alone momentarily</li> <li>• Can sit down from standing position without help</li> </ul> <p><b>15 months</b></p> <ul style="list-style-type: none"> <li>• Walks without help (usually since age 13 months)</li> <li>• Creeps up stairs</li> <li>• Assumes standing position without support</li> <li>• Uses cup well</li> <li>• Feeds self with regular cup with little spilling</li> </ul> <p><b>18 months</b></p> <ul style="list-style-type: none"> <li>• Runs clumsily, falls often</li> <li>• Walks upstairs with one hand-held</li> <li>• Seats self on chair</li> <li>• Manages spoon, but some spilling</li> <li>• Takes off gloves, socks, and shoes and unzips</li> </ul> <p><b>24 months</b></p> <ul style="list-style-type: none"> <li>• Walks up and down stairs, has steady gait</li> <li>• Holds cup for drinking</li> <li>• Feeds self with spoon</li> <li>• Cooperates with toilet training</li> <li>• Runs fairly well, with wide stance</li> <li>• Dresses self in simple clothing</li> <li>• Participates in bathing</li> </ul> <p><b>3 years</b></p> <ul style="list-style-type: none"> <li>• Undresses self, washes and dries hands</li> <li>• Feeds self with spoon</li> <li>• May attend to toilet needs without help except for wiping</li> <li>• Buttons and unbuttons accessible buttons</li> <li>• Pulls on shoes</li> <li>• Should have achieved daytime bowel and bladder control with occasional accidents</li> </ul> <p><b>4 years</b></p> <ul style="list-style-type: none"> <li>• Buttons front and side of clothes</li> <li>• Bathes self with directions</li> </ul> <p><b>5 years</b></p> <ul style="list-style-type: none"> <li>• Has good motor control</li> <li>• Washes self</li> <li>• Cares for self totally, occasionally needing supervision in dress or hygiene</li> <li>• Should have achieved daytime and nighttime bowel and bladder control</li> </ul>
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## Medicaid State Plan Incontinence Supplies (Under 21)

Incontinence Supplies are available to Medicaid eligible children under age 21 who meet established medical necessity criteria.

**Providers:** Incontinence supplies must be provided by licensed vendors enrolled with SCDHHS as an Incontinence Supply provider. A list of providers must be given to the participant/legal guardian to choose from. Offering a choice of provider must be documented in the case notes.

### **Conflict Free Case Management:**

To honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 30 days.

**Covered Supplies:** Medicaid State Plan offers the following incontinence supplies based on medical necessity:

- ❖ One (1) case of diapers or briefs [1 case = 96 diapers or 80 briefs]
- ❖ One (1) case of incontinence pads/liners [1 case = 130 pads]
- ❖ One (1) case of under pads
- ❖ One (1) box of wipes

**Note:** Requests for additional supplies will be considered on a case-by-case basis **and** if medical necessity is justified.

**Criteria:** The following criteria must be met for children to receive incontinence supplies:

1. The child must be between ages 4 - 20.
2. The child's inability to control bowel or bladder function must be confirmed by a Physician on the *Physician Certification of Incontinence (DHHS Form 168IS)*. This will be completed and maintained by the Incontinence Supply provider.
3. The WCM must complete the *Incontinent Supply Assessment* to determine the frequency and amount of supplies authorized.

**Arranging for the Service:** Once the amount and frequency of incontinence supplies has been determined, approval must be requested from SCDDSN Waiver Administration Division. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider along with a copy of the *Physician Certification of Incontinence (DHHS Form 168IS)*.

**Only the top portion of this form should be completed in order to provide the Incontinence Supply Provider with the Physician contact info as well as the individual's demographic information.**

Upon completion of the physician certification, the WCM must conduct a telephone assessment to determine the frequency of incontinence and the amount of supplies to be authorized. The frequency definitions are as follows:

#### **Occasionally Incontinent**

- Bladder—Not daily. Approximately 2 or less times a week
- Bowel—Approximately once a week

**Frequently Incontinent**

- Bladder—Approximately between 3 to 6 times a week but has some control OR if the client is being toileted (w/extensive assistance) on a regular schedule.
- Bowel—Approximately between 2 to 3 times a week.

**Totally Incontinent**

- No control of bladder or bowel

**NOTE: If the child has an ostomy or catheter for urinary control and an ostomy for bowel control, only under pads may be authorized.**

**NOTE: If the child has an appliance for bowel or bladder control, diapers may be authorized based on the frequency of incontinence.**

When conducting the assessment, the WCM should determine the number of diapers used on average per day to calculate the number of cases of diapers and other supplies needed per month. This should be thoroughly recorded in service notes to justify the need. The participant's Support Plan must be updated to include the amount, frequency and duration. The SCDDSN Waiver Administration Division will review the request.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The service must be direct-billed to SCDHHS. This must be indicated on the authorization.

Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

**Note:** An authorization for wipes is based on the presence of an incontinence need only. **Wipes cannot be authorized for cosmetic or other general hygiene purposes.** Wipes can only be authorized for the participant's incontinence care and can only be authorized when used with diapers or briefs.

**Monitoring Services:** The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the WCM monitor this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant.
- the service adequately addresses the needs of the participant.
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies, and quality expectations.
- the participant/representative is satisfied with their chosen provider/s.

**Reduction, Suspension or Termination of Services:** If services are to be reduced, suspended or terminated, a written notice must be sent to the parent/guardian including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the parent/guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. ***The Notice of Termination, Reduction, Denial or Suspension of Medicaid State Plan Service (MSP Form 4)*** will be used to reduce, suspend or terminate the service when applicable.