

Personal Care Services (age 21 and older)

Refer to Chapter 10-Medicaid State Plan Services for Children under 21

Definition: Personal Care Services are defined as assistance, either hands-on (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 participant that it is time to take medication as prescribed by his/her physician or handing a participant a medication container, and money management to consist of delivery of payment to a designated recipient on behalf of the participant.

Personal Care services may include escort and transportation when necessary. This must be specifically documented on the Support Plan; there must be no other resources available; and the provision of transportation will depend upon the personal care provider's policy in this regard.

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 except as allowed by the Nurse Practice Act and prior-approved by a licensed physician. The Nurse Practice Act is available on the following web page: <http://www.scstatehouse.gov/code/t40c033.php>

Personal Care 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 Support Plan, and related to needs for food, personal hygiene, household supplies, pharmacy, or durable medical equipment. The Waiver Case Manager (WCM) has 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.

The unit of service is 15 minutes, provided by one Personal Care Aide (PCA). The procedure code for Personal Care services is T1019.

Please see Scope of Services for Personal Care services on the SCDHHS website for more information.

Note: Service options available via the CS Waiver when a person is assessed to need assistance with IADLs or ADLs are **Personal Care Services** or **In-Home Supports Services**.

Note: Personal Care services are not interchangeable with Respite Services

Providers: Personal Care Services are provided by an agency contracted with the Department of Health and Human Services. The participant/family should be given a listing of available providers from which to choose. **The offering of provider choice must be documented.**

Agencies contracted with the Department of Health and Human Services must adhere to the requirements noted in the Scope of Services for Personal Care Services, which specifies the minimum qualifications for a Personal Care Aide.

Relatives/family members of a waiver recipient may be paid to provide Personal Care Services only as specified in OIDD Directive 736-01-DD.

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 60 days.

Arranging for and Authorizing Services: The need for the service must be requested to the OIDD Waiver Administration Division. To assess the need for Personal Care Services, the Waiver Case Manager must complete the OIDD Personal Care/Attendant Care Assessment prior to authorizing the service and annually, face to face for the duration of the service to be included with the Annual Assessment and as changes/updates are requested.

The participant/family must be given a listing of available providers from which to choose. This offering of provider choice must be documented. To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. The *Personal Care – Attendant Care Assessment* must be attached to the authorization.

Services must be authorized weekly. A week is defined as Sunday through Saturday. Unused units from one week cannot be banked (i.e., held in reserve) for use during a later week. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Monitoring Services: The Waiver Case Manager must monitor the service to determine effectiveness, usefulness, and participant satisfaction. 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. OIDD recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

The following guidelines should be followed when monitoring Personal Care Services:

- Monitoring should be conducted on-site at least once annually (i.e., within 365 days of the previous on-site monitoring).

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.

Some questions to consider during monitoring include:

- ❖ Is the participant receiving Personal Care services as authorized?
- ❖ Does the PCA show up on time and stay the scheduled length of time?
- ❖ Does the provider show the participant courtesy and respect?

- ❖ Has the participant's health status changed since your last monitoring? If so, does the service need to continue at the level at which it has been authorized?
- ❖ Is the participant pleased with the service being provided, or is assistance needed in obtaining a new provider?
- ❖ What kinds of tasks is the PCA performing for the participant?
- ❖ If the PCA does not show up for a scheduled visit, who is providing back-up services?
- ❖ Who is providing supervision of the PCA? How often is on-site supervision taking place?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for reconsideration, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 8* for specific details and procedures regarding written notification and the reconsideration/appeals process.