Florida Medicaid

Personal Care Services Coverage Policy
Agency for Health Care Administration
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1.0 Introduction

1.1 Description
Florida Medicaid personal care services provide care to recipients whose medical condition, illness, or injury requires the care to be delivered in the recipient’s place of residence or other authorized setting.

1.1.1 Florida Medicaid Policies
This policy is intended for use by personal care providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid’s general policy and any applicable service-specific and claim reimbursement policies with which providers must comply.


1.1.2 Statewide Medicaid Managed Care Plans
This Florida Medicaid policy provides the minimum requirements for all providers of personal care services. This includes providers who contract with Florida Medicaid managed care plans (i.e., provider service networks and health maintenance organizations). Providers must comply with the coverage requirements outlined in this policy, unless otherwise specified in the Agency for Health Care Administration’s (AHCA) contract with the Florida Medicaid managed care plan. The provision of services to recipients in a Florida Medicaid managed care plan must not be subject to more stringent coverage than specified in Florida Medicaid policies.

1.2 Legal Authority
Home health services are authorized by the following:

- Section 1861 (m) of the Social Security Act (SSA)
- Title 42, Code of Federal Regulations (CFR), section 440.70
- Section 409.905, Florida Statutes (F.S.)
- Rule 59G-4.215, F.A.C.

1.3 Definitions
The following definitions are applicable to this policy, for additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

1.3.1 Activities of Daily Living (ADLs)
Include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

1.3.2 Attending Physician
The doctor in charge of a recipient’s medical condition who determines the recipient’s need for home health services.
1.3.3 **Babysitting**
Custodial care, daycare, afterschool care, supervision, or similar childcare unrelated to the services that are documented to be medically necessary for the recipient.

1.3.4 **Claim Reimbursement Policy**
A policy document that provides instructions on how to bill for services.

1.3.5 **Coverage and Limitations Handbook or Coverage Policy**
A policy document that contains coverage information about a Florida Medicaid service.

1.3.6 **General Policy**
A collective term for Florida Medicaid policy documents found in Rule Chapter 59G-1 containing information that applies to all providers (unless otherwise specified) rendering services to recipients.

1.3.7 **Home Health Services**
Medically necessary services that can be effectively and efficiently provided in the recipient’s place of residence or other authorized setting. Services include home health visits (nursing and home health aide), private duty nursing and personal care services.

1.3.8 **Independent Personal Care Provider**
An individual who renders personal care services directly to recipients and does not employ others for the provision of personal care services.

1.3.9 **Independent Personal Care Group Provider**
An unlicensed group (agency) enrolled to provide personal care services that has one or more staff employed to perform the services.

1.3.10 **Instrumental Activities of Daily Living (IADLs)**
When necessary for the recipient to function independently, include:
- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

1.3.11 **Medically Necessary/Medical Necessity**
As defined in Rule 59G-1.010, F.A.C.

1.3.12 **Ordering Physician**
The doctor who determines a recipient’s need for home health services.

1.3.13 **Provider**
The term used to describe any entity, facility, person, or group that has been approved for enrollment or registered with Florida Medicaid.

1.3.14 **Recipient**
For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).
2.0 Eligible Recipient

2.1 General Criteria
An eligible recipient must be enrolled in the Florida Medicaid program on the date of service and meet the criteria provided in this policy.

Provider(s) must verify each recipient’s eligibility each time a service is rendered.

2.2 Who Can Receive
Florida Medicaid recipients under the age of 21 years requiring medically necessary personal care services. Some services may be subject to additional coverage criteria as specified in section 4.0.

2.3 Coinsurance, Copayment, or Deductible
There is no coinsurance, copayment, or deductible for this service.

3.0 Eligible Provider

3.1 General Criteria
Providers must be at least one of the following to be reimbursed for services rendered to eligible recipients:

- Directly enrolled with Florida Medicaid if providing services through a fee-for-service delivery system
- Registered with Florida Medicaid if providing services through a managed care plan

3.2 Who Can Provide
- Home health agency licensed in accordance with Chapter 408.810, F.S., and Rule Chapter 59A-8, F.A.C.
- Independent personal care providers

4.0 Coverage Information

4.1 General Criteria
Florida Medicaid reimburses services that:

- Are determined medically necessary.
- Do not duplicate another service.
- Meet the criteria as specified in this policy.

4.2 Specific Criteria
Florida Medicaid reimburses for up to 24 hours of personal care services per day, per recipient who meets the following criteria, in order to provide assistance with ADLs and IADLs:

- Under the care of an attending physician and have a physician’s order for private duty nursing services
- Require more extensive and continual care than can be provided through a home health visit
- Require services that can be safely, effectively, and efficiently provided in the home or other authorized setting
- Have a medical condition or disability that substantially limits their ability to perform ADLs or IADLs and do not have a parent or legal guardian able to provide this care

For recipients requiring less than two hours per day of personal care services, please refer to the Florida Medicaid home health visits coverage policy.
4.2.1 Services Provided by Independent Personal Care Providers

Personal care services provided by independent personal care providers must be supervised by the recipient (if able), or the recipient’s parent or legal guardian if under the age of 18 years.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not reimbursed when:

- The service does not meet the medical necessity criteria listed in section 1.0.
- The recipient does not meet the eligibility requirements listed in section 2.0.
- The service unnecessarily duplicates another provider’s service.

5.2 Specific Non-Covered Criteria

Florida Medicaid does not reimburse for the following:

- A skill level other than what is prescribed in the physician order and approved plan of care
- Assistance with homework
- Babysitting
- Care, grooming, or feeding of pets and animals
- Certification of the plan of care (POC) by a physician
- Companion sitting or leisure activities
- Escort services
- Housekeeping (except light housekeeping to make the environment safe), homemaker, and chore services
- Nursing assessments related to the plan of care (POC)
- Professional development training or supervision of home health staff or other home health personnel
- Respite care
- Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient. (Except when a recipient is enrolled in the Consumer-Directed Care Plus Program)
- Services provided in any of the following locations:
  - Hospitals
  - Nursing facilities
  - Intermediate care facility for individuals with intellectual disabilities
  - Residential facilities or assisted living facilities when the services duplicate those provided by the facility
  - Prescribed pediatric extended care centers
- Skill level other than what is prescribed in the physician order and approved POC
- Travel time to or from the recipient’s place of residence
- Yard work, gardening, or home maintenance work

Florida Medicaid may reimburse for some services listed in this section through a different service benefit. See the appropriate service-specific coverage policy or the fee schedule for coverage information.

6.0 Documentation

6.1 General Criteria

For information on general documentation requirements, please refer to Florida Medicaid’s recordkeeping and documentation policy.
6.2 Specific Criteria
Providers must maintain the following in addition to any general documentation requirements in the recipient's file:

- Assessments in accordance with 42 CFR 484.55
- Written physician’s orders in accordance with section 409.905(4)(c), F.S.
- A POC developed in accordance with 42 CFR 484.18 and section 409.905(4)(c), F.S.

Providers must include any home health services being furnished by another provider in the plan of care.

7.0 Authorization

7.1 General Criteria
As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary.

For recipients enrolled in a managed care plan, providers should request authorization through the recipient's managed care plan. For recipients receiving services through the fee-for-service delivery system, providers should request authorization through the Quality Improvement Organization. For more information on general authorization submission requirements, please refer to Florida Medicaid’s authorization policy.

7.2 Specific Criteria
The authorization information described below is applicable to the fee-for-service delivery system, unless otherwise specified.

Providers must obtain prior authorization from the QIO. Requests for home health aide visits for recipients under the age of 21 years must include the following forms, incorporated by reference in Rule 59G-1.045, F.A.C., in addition to any general submission requirements:

- Parent or Legal Guardian Medical Limitations, AHCA Form 5000-3501, Revised February 2013
- Parent or Legal Guardian Work Schedule, AHCA Form 5000-3503, Revised February 2013 or Parent or Legal Guardian Statement of Work Schedule, AHCA Form 5000-3504, Revised February 2013
- Parent or Legal Guardian School Schedule, AHCA Form 5000-3505, Revised October 2014

7.2.1 Review Criteria
The QIO uses the review criteria specified in section 9.0 of this policy.

8.0 Reimbursement

8.1 General Criteria
The reimbursement information below is applicable to the fee-for-service delivery system, unless otherwise specified.

8.2 Claim Type
Professional (837P/CMS-1500)

8.3 Billing Code, Modifier, and Billing Unit
Providers must report the most current and appropriate billing code(s), modifier(s), and billing unit(s) for the service rendered, as incorporated by reference in Rule 59G-4.002, F.A.C.
8.3.1 **Modifiers**
Providers must include the following on the claim form as appropriate:
- TT Services rendered to multiple recipients in the same setting
- UF Services provided by more than one provider in the same setting

8.4 **Diagnosis Code**
Providers must report the most current and appropriate diagnosis code to the highest level of specificity that supports medical necessity, as appropriate for this service.

8.5 **Rate**

8.5.1 **Rate Adjustment for Multiple Recipients**
Florida Medicaid reimburses providers for services rendered to two or more recipients with the same street address, who share a dwelling space, or who live in same building as follows:
- One-hundred percent of the Florida Medicaid rate for the first recipient
- Fifty-percent of the Florida Medicaid rate for the second recipient
- Twenty-five percent of the Florida Medicaid rate for the third and subsequent recipients

9.0 **Appendix**

9.1 **Review Criteria For Personal Care Services**
APPENDIX 9.1

REVIEW CRITERIA FOR PERSONAL CARE SERVICES

Introduction:

Personal care services provide medically necessary assistance with activities of daily living (ADL) and age appropriate instrumental activities of daily living (IADL) that enable the recipient to accomplish tasks that they would normally be able to do for themselves if they did not have a medical condition or disability.

Medicaid reimburses personal care services for recipients under the age of 21 who have a medical condition or disability that substantially limits their ability to perform their ADLs or IADLs and for whom the parents or legal guardians are unable or unavailable to provide this care.

Clinical Indicators for Personal Care Services (PC)

The following indicate the level of functional impairment of a recipient. All functional impairments must be age-appropriate and consistent with the level of functional impairment.

One of the following levels of functional impairment must be satisfied.

1. Minimal functional impairment
   (One of the following indicators must be satisfied)
   - ADL’s requiring at least minimum assistance
   - Ambulates with assist of person/device
   - Transfers requiring at least minimum assistance

2. Moderate functional impairment
   (Two of the following indicators must be satisfied)
   - ADL’s requiring at least minimum assistance
   - Ambulates with assist of person/device
   - Transfers requiring at least minimum assistance

3. Maximum functional impairment
   (All of the following indicators must be satisfied)
   - ADL’s requiring total assistance
   - Non-ambulatory
   - Transfers requiring 1-2 person assist

4. Maximum and persistent functional impairment without available parent or legal guardian support
   (All of the following indicators must be satisfied)
   - ADL’s requiring total assistance
   - Non-ambulatory
   - Transfers requiring 1-2 person assist
   - Attending/treating physician must certify that all of the above impairments are present

Criteria for First Level Reviewers:

First level reviewers may approve requests for personal care services when the supporting documentation satisfies the following criteria:
Personal care services

- Medicaid reimburses for the following personal care services when they are medically necessary.
- ADLS include:
  - Eating (oral feedings and fluid intake);
  - Bathing;
  - Dressing;
  - Toileting;
  - Transferring; and
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control his bowel or bladder functions).
- IADLs (when necessary for the recipient to function independently) include:
  - Personal hygiene;
  - Light housework;
  - Laundry;
  - Meal preparation;
  - Transportation;
  - Grocery shopping;
  - Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments);
  - Medication management; and
  - Money management.

- The recipient must:
  - Require services due to a medical condition or disability which substantially limits the ability to perform the activities of daily living. This occurs when:
    - The recipient cannot independently perform the personal care tasks because of a physical and/or cognitive impairment*;
    - The recipient would normally perform the (age-appropriate) personal care tasks without the medical condition or disability; and
    - A parent or legal guardian is not able to provide ADL or IADL care.
  - Require services that are medically necessary and reasonable for the treatment of the documented illness, injury or condition.
  - Recipient’s parent or legal guardian must participate in providing care to the fullest extent possible.

*Note: Medically necessary personal care services may be authorized when a recipient has a documented cognitive impairment that prevents knowing when or how to carry out the personal care task and when the recipient's parents or legal guardian is unable to provide services. Assistance may be in the form of hands on assistance (actually performing the task for the person) or cuing, along with supervision to ensure the recipient performs the personal care task properly. Additional supporting documentation may be required to substantiate the functional limitations associated with the cognitive impairment. In addition, one of the following indicators must be satisfied:

  - Incapable of learning despite efforts to train in care task
  - Memory deficit(s) prevents managing care task
1. **Authorization of Hours**

When requests for PCS meet the above criteria, first level reviewers may approve using the following guidelines. If additional hours are requested, the case will be referred to a physician reviewer for final determination.

<table>
<thead>
<tr>
<th>Personal Care Task</th>
<th>General Time Allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bathing</strong></td>
<td></td>
</tr>
<tr>
<td>Full-body Bath: Tub, shower or sponge/bed bath.</td>
<td>Up to 30 minutes. May rotate with partial bath based on recipient's needs.</td>
</tr>
<tr>
<td>Partial Bath: A sponge bath includes, at minimum, bathing of the face, hands, and perineum.</td>
<td>15–20 minutes per partial bath.</td>
</tr>
<tr>
<td><strong>Dressing</strong></td>
<td></td>
</tr>
<tr>
<td>Laying out clothing, handing and retrieving clothing, putting on and taking them off, including handling fasteners, zippers, and buttons.</td>
<td>15 minutes</td>
</tr>
<tr>
<td>Application of prosthetic devices or application of therapeutic stockings.</td>
<td>May add 15 minutes for applying hose and/or prosthesis</td>
</tr>
<tr>
<td><strong>Grooming/Skin Care</strong></td>
<td></td>
</tr>
<tr>
<td>Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.</td>
<td>15–30 minutes</td>
</tr>
<tr>
<td>Shampoo and comb hair, basic hair care, basic nail care.</td>
<td>15 minutes</td>
</tr>
<tr>
<td><strong>Positioning</strong></td>
<td></td>
</tr>
<tr>
<td>Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.</td>
<td>10 minutes/every 2 hours when medically indicated</td>
</tr>
<tr>
<td><strong>Transfers</strong></td>
<td></td>
</tr>
<tr>
<td>Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.</td>
<td>15 minutes/every 2 hours when medically indicated</td>
</tr>
<tr>
<td><strong>Toileting &amp; Maintaining Continence</strong></td>
<td></td>
</tr>
<tr>
<td>Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.</td>
<td>15–45 minutes</td>
</tr>
<tr>
<td><strong>Eating</strong></td>
<td></td>
</tr>
<tr>
<td>Taking in food by any method. Extra time may be allowed for preparing a special diet.</td>
<td>30 minutes per meal</td>
</tr>
<tr>
<td><strong>Delegated Medical Monitoring and Activities</strong></td>
<td></td>
</tr>
<tr>
<td>Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.</td>
<td>15–30 minutes day for all monitoring tasks performed.</td>
</tr>
</tbody>
</table>