Personal care services - ACLA

Plan: AmeriHealth Caritas Louisiana

Clinical Policy ID: CCP.4044

Recent review date: 7/2025

Next review date: 11/2026

Policy contains: Personal care services, Custodial care services.

AmeriHealth Caritas Louisiana has developed clinical policies to assist with making coverage determinations. AmeriHealth Caritas Louisiana's clinical policies are based on guidelines from established industry sources, such as the Centers for Medicare & Medicaid Services (CMS), state regulatory agencies, the American Medical Association (AMA), medical specialty professional societies, and peer-reviewed professional literature. These clinical policies along with other sources, such as plan benefits and state and federal laws and regulatory requirements, including any state- or plan-specific definition of medically necessary, and the specific facts of the particular situation are considered by AmeriHealth Caritas Louisiana, on a case by case basis, when making coverage determinations. In the event of conflict between this clinical policy and plan benefits and/or state or federal laws and/or regulatory requirements, the plan benefits and/or state and federal laws and/or regulatory requirements shall control. AmeriHealth Caritas Louisiana's clinical policies are for informational purposes only and not intended as medical advice or to direct treatment. Physicians and other health care providers are solely responsible for the treatment decisions for their patients. AmeriHealth Caritas Louisiana's clinical policies are reflective of evidence-based medicine at the time of review. As medical science evolves, AmeriHealth Caritas Louisiana will update its clinical policies as necessary. AmeriHealth Caritas Louisiana's clinical policies are not guarantees of payment..

Policy statement

Personal care also known as custodial care services are clinically proven and, therefore, medically necessary for members who:

Are diagnosed with a mental illness and who require minimal assistance with activities of daily living, and/or assistance with instrumental activities of daily living (such as housekeeping, cooking, medications, or transportation, but do not require a higher skilled level of care need — see listing in Findings section of this policy (Louisiana Medicaid Program, 2024).

Medicaid-eligible members who meet medical necessity criteria may receive personal care services when:

- Such care is recommended by the treating licensed mental health professional or physician within their scope of practice.
- The member’s age is at least 21 years.
- The member has transitioned from a nursing facility or been diverted from a nursing facility level of care through the My Choice Louisiana program.
- The member is medically stable, not enrolled in or eligible for a Medicaid-funded program which offers a personal care service or related benefit, including Long Term Personal Care Services, and not in need

of care that would exceed what can be provided under the scope and/or service limitations of this personal care service (Louisiana Medicaid Program, 2024).

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.
- Medication support is limited to verbal reminders, opening containers, reading labels, and confirming dosage; personal care workers may not administer medication or arrange pillboxes.

Limitations

- Services are limited to 20 hours per week. An exception may be made by AmeriHealth Caritas' Medical Director to exceed this limit with documentation that services are medically necessary and the member does not qualify for personal care services under another Medicaid-funded program.
- The weekly limit does not include the per diem rate, which is to be used for temporary, time-limited events in which a member may need additional assistance, such as following a member's hospitalization. The per diem rate shall not exceed 30 calendar days in a one-year period.
- A direct service worker may provide no more than 16 hours of service within any continuous 24-hour period.
- Personal care services may not be billed while the member is admitted to a hospital or residential facility, except on the calendar day of admission or discharge.
- Services may not be provided in the personal care worker's home, a nursing facility, or in a home or property owned, operated, or controlled by the provider agency.
- Payment is not permitted to biological, legal, or step relatives within the first through fourth degree, nor to curators, guardians, or individuals holding power of attorney for the member.

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 months, or more frequently based on changes to the member's needs or preferences. The personal care services provider shall provide the plan to the member prior to service delivery and when the plan is updated.

Workers must complete a daily service log at the point of care; the log is co-signed each week by the member or representative and reconciled with electronic visit verification records.

Documentation must also be submitted for members/providers requesting more than 20 hours a week (i.e., documentation from Office of Aging and Adult Services that the member does not meet the level of care for Long-Term Personal Care Services).

Those seeking personal care services may contact the long-term care access contractor at 1-877-456-1146. This contractor serves as an agent of the State of Louisiana to assist in the administration of this program. If a responsible representative is calling to apply for an applicant, he/she must have the potential recipient's name,

physical/home address, and Medicaid number readily available when he/she calls, contacts, or corresponds with the Long-Term Care Access contractor.

Alternative covered services

Intensive case management.

References

Louisiana Department of Health. Behavioral Health Services. Provider Manual, Medicaid Program Services. Chapter 2: Behavioral Health Services. Section 2.3 Outpatient Services – Personal Care Services. Replaced April 15, 2024. Issued: April 25, 2024.

Policy updates

1/2022: initial review date and clinical policy effective date: 2/2022

1/2022: Policy references updated.

1/2023: Policy references updated.

7/2024: Policy references updated

7/2025: Policy references updated. Coverage criteria related to service delivery, limitations, also updated. Documentation requirements also updated.