

## POLICY AND PROCEDURE

<b>POLICY NAME:</b> Review for Personal Care Services Requests	<b>POLICY ID:</b> FL.UM.25
<b>BUSINESS UNIT:</b> Sunshine State Health Plan	<b>FUNCTIONAL AREA:</b> Utilization Management
<b>EFFECTIVE DATE:</b> 06/2015	<b>PRODUCT(S):</b> Managed Medical Assistance, (MMA), Children’s Medical Service (CMS) and Child Welfare (CW)
<b>REVIEWED/REVISED DATE:</b> 06/2015; 08/2016; 11/2017, 11/2018, 02/19, 4/20, 7/21, 4/22, 5/22, 12/22, 11/2023	
<b>REGULATOR MOST RECENT APPROVAL DATE(S):</b> Please refer to system of record – Archer	

**POLICY STATEMENT:**

Personal care services are covered for members who are under the age of 21. To be considered for approval, the member’s treating physician must order the service.

**PURPOSE:**

The purpose of this policy is to establish clinical criteria on which to review requests for Personal Care Services to provide medically necessary assistance with activities of daily living (ADL) and age-appropriate instrumental activities of daily living (IADL) that enable a member to accomplish tasks that they would normally be able to do for themselves if they did not have a medical condition or disability. This service assist in maintaining the member in their home and community environment, in a safe manner.

**SCOPE:**

Sunshine Health Utilization Department for Managed Medical Assistance, (MMA), Children’s Medical Service (CMS) and Child Welfare (CW) product lines. This policy applies to all directors, officers, and employees of Centene Corporation, its affiliates, health plans, and subsidiary companies (collectively, the “Company”).

**DEFINITIONS:**

**Personal Care Services** are services that assist a member with ADLs or IADLs. These services can be provided to members up to the age of 21. Personal care service assistance can be in the form of hands-on assistance (actually performing the task for the member) or cuing along, with supervision, to ensure the member performs the personal care task properly. The personal care services must be prescribed by a treating physician, provided by a home health aide or independent personal care provider, and supervised by a registered nurse if provided through a home health agency, or supervised by the parent or legal guardian if provided by a non-home health agency, or supervised by the member, if the services are provided by a non-home health agency and the member is a legal adult between the ages of 18 up to 21 with no legal guardian.

**POLICY:**

Sunshine Health’s Review of Personal Care Services Requests clinical policy supports the utilization management review process for the MMA, Children’s Medical Service (CMS) and Child Welfare benefits described in the Florida Provider’s Handbook entitled, Personal Care Services Coverage Policy.

It is the policy of Sunshine Health Plan that Personal Care Services for medically fragile children require **mandatory secondary review** if any of the following apply:

- Out of state services
- Experimental/Investigational services
- All new initial Personal Care Services requests – with exception of the special conditions noted below.
  
- Any increases in Personal Care Service hours – with exception of the special conditions noted below

**SPECIAL CONDITIONS:**

Clinical documentation must notate one or more of the special conditions identified below:

- Non-verbal – must be specifically stated that member is completely non-verbal. Speech delayed not sufficient.
- Incontinent and ≥ 6 years old
- Safety/flight concerns
- Self-harm/harming others

## **PROCEDURE:**

### **Personal Care Services Criteria:**

Personal care services are covered for members who are under the age of 21. In order to be considered for approval, the member's treating physician must order the service. The member must meet all of the following criteria:

- Member must have one of the functional impairments noted in the "Level of Functional Impairment" section below.
- Member has a documented medical condition or disability that substantially limits the member's ability to perform their Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) or has a documented cognitive impairment such as Autism which prevents him/her from knowing when or how to carry out the personal care task.
- Member has a documented functional limitation and evidence is provided for one of the following:
  - There is documentation that the member is incapable of learning despite efforts to train in personal care task(s)
  - Member has a documented memory deficit(s) which prevents him/her from managing a personal care task
- Member requires more individual and continuous care than can be provided through a home health aide visit
- Member does not have a parent or legal guardian able to provide ADL or IADL care
- Member would normally perform the age-appropriate personal care task without the medical condition or disability, and his/her parent or legal guardian is not able to provide ADL or IADL care
- Form requirements:
  - Singed Plan of Care AND,
  - Parent or Legal Guardian Work Schedule OR;
  - Parent or Legal Guardian Medical Limitations OR;
  - Parent or Legal Guardian Statement of Work Schedule OR;
  - Parent or Legal Guardian School Schedule

\*\*\* Personal Care Services hours not to exceed caregiver/legal guardian work or school schedule hours.

### **Limitations and Exclusions**

- Members, who may benefit from personal care services, include those eligible members who are under the age of 21, only.
- Banking or flex hours of approved personal care service hours is not allowed. Only the number of hours that are approved as medically necessary can be approved. The total number of hours per week, hours per day, and days per week approved must be followed. Any variations would need to be requested and approved in advance by Sunshine Health.
- Personal care services are not covered in the following locations:
  - Hospitals
  - Nursing facilities
  - Intermediate care facilities for individuals with intellectual disabilities
  - Physician offices
  - Clinics
  - Prescribed pediatric extended care centers
- Personal care services can be covered outside the member's residence if the services are unavailable through other public or private resources, including schools (with documentation of such) and the services are medically necessary while the member is outside his/her home.
- Personal care services can be provided to a member whose parent or legal guardian is not able to provide ADL or IADL care. Supporting documentation must be provided to substantiate a parent or legal guardian's inability to participate in the care of the member.
- Personal care services can be authorized to supplement care provided by parents and legal guardians. Parents and legal guardians must participate in providing care to the fullest extent possible. Where needed, the home health service provider must offer training to enable parents and legal guardians to provide care they can safely render without jeopardizing the health or safety of the recipient. The home health services provider must document the methods used to train a parent or legal guardian in the medical record.
- Personal care services do not include:
  - Social services
  - Transportation services (except when necessary to protect the health and safety of the recipient and no other transportation service is available or when provided as an IADL for recipients under the age of 21 years)
  - Escort services
  - Care, grooming, or feeding of pets and animals
  - Yard work, gardening, or home maintenance work

- Day care or after school care
- Assistance with homework
- Companion sitting or leisure activities
- Housekeeping (except light housekeeping), homemaker, and chore services, including any shopping except grocery shopping when provided as an IADL for recipients under the age of 21 years
- Respite care
- Services which can be effectively and efficiently obtained outside the recipient's place of residence without any medical contraindications
- Baby-sitting

**Level of Functional Impairment:**

The information below must be provided by the treating provider to determine the level of functional impairment:

- Minimal functional impairment as evidenced by one (1) of the following indicators:
  - ADLs requiring at least minimum assistance
  - Ambulates with assist of person/device
  - Transfers requiring at least minimum assistance
- Moderate functional impairment as evidenced by two (2) the following indicators:
  - ADLs requiring at least minimum assistance
  - Ambulates with assist of person/device
  - Transfers requiring at least minimum assistance
- Maximum functional impairment as evidenced by all of the following indicators:
  - ADLs requiring total assistance
  - Non-ambulatory
  - Transfers requiring one (1) to two (2) persons assist
- Maximum and persistent functional impairment without available parent or legal guardian support as evidenced by all of the following indicators:
  - ADLs requiring total assistance
  - Non-ambulatory
  - Transfers requiring one (1) to two (2) persons assist
  - Treating physician certified that all the above impairments are present

**Review Process**

To assist in determining the medical necessity of personal care services, the clinical criteria established in this policy is applied. A request for medical necessity review is consistent with Sunshine Health medical policies:

- FL.UM.02.01 - Medical Necessity Review and Continuity of Care
- FL.UM.02 – Use of Clinical Criteria
- Any decision to deny, reduce, suspend, or terminate services must be made by a Sunshine Health Medical Director as outlined in the policy Use of Clinical Criteria FL.UM.02 Determinations and provider notifications are made according to the expediency of the case as described in the Timeliness of UM Decisions and Notification FL.UM.05

**Information Required for the Initial Review**

The treating provider must submit to Sunshine Health's utilization management department the following information when initially requesting personal care services:

Plan of Care

- A signed Plan of Care (POC) and/or MD order.

Medical condition, disability, cognitive, or functional limitation

- Documentation of the member's current medical condition, disability, cognitive limitation or functional limitation and how this is substantially limiting the member's ability to perform specific Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs)
  - 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 while the member is unable to control his/her bowel or bladder).
  - IADLs include personal hygiene, light housekeeping, 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.

Service Need

- Documented need for services that cannot be provided by a home health aide, including information on the reason that the member requires more individual and continuous care than can be provided through a home health aide visit.

### Support for ADLs and IADLs

- Description of parent or legal guardian ability to support member's ADLs and IADLs, including:
  - Information on the level of ADL and IADL support that the parent or legal guardian is able to safely provide.
  - If training needs are needed to enable the parent or legal guardian to safely provide ADL or IADL support, description of the level of training needed.

### Living situation consideration for members aged 18 up to 21

- Provide information on the member's housing situation:
  - Lives alone
  - Lives with family (with consideration of the number of days and hours that family members are not available to assist the member).
  - Lives with non-family (with consideration of the number of days and hours that non- family members are not available to assist the member).

### Age-appropriate personal care tasks

- Provide information related to the age appropriateness of the member being able to perform the specific ADL or IADL task, such as grocery shopping, preparing meals, money management medication administration, laundry, or light housekeeping.

**The length of the initial authorization can be for up to 180 days.**

### **Redetermination**

Prior to the expiration of the initial authorization period, the requesting provider must submit to Sunshine Health's utilization management department information on the member's current status in order for Sunshine Health to complete a review for a subsequent approval.

The treating physician must submit documentation that includes an assessment of all changes in the recipient's condition including performance of activities of daily living and instrumental activities of daily living since the initial or last utilization review.

### **Additional criteria used for an initial and redetermination review for determining the level and amount of personal care services needed**

When determining the level of support needed for the completion of ADL and IADL tasks, the following guide should be used:

- Minimum - support is needed for less than 50% of the task
- Moderate - support is needed for approximately 50% to 75% of the task
- Maximum - support is needed for 75% of the task or more

Additional criteria for activities are provided below and are used when determining the amount of support needed for specific ADL and IADL activities.

**1. Eating and Feeding** criteria is determined by the following:

<b>Eating and Feeding Considerations:</b>
Eating/Feeding is the process of a member getting oral nourishment from a receptacle (dish, plate, cup, glass, bottle, etc.) into their body after it is cooked or prepared for eating. (This does not include tube feeding as that is considered a skilled task.) Includes an assessment of the member's ability to: <ul style="list-style-type: none"><li>• Cut foods into appropriate size pieces</li><li>• Move food or drink from the serving receptacle to their mouth</li></ul> Support for eating considers the number of meals per day that the member eats.

<b>Support needed for eating and feeding:</b>	<b>Number of hour eating support is needed</b>
The following guide assists in determining the amount of support needed by the member, in the absence of caregiver support: <ul style="list-style-type: none"><li>• Independent. Needs no assistance in eating or feeding oneself: 0 minutes/meal.</li><li>• Member needs minimum assistance to have meal set-up, including cutting food, opening carton, and/or cueing: Up to 10 min/meal.</li><li>• Member needs moderate assistance in meal set-up, including cutting food, opening carton,</li></ul>	<ul style="list-style-type: none"><li>• Identify the level of support needed for eating (independent, minimum, moderate, or maximum)</li><li>• Identify the number of day (Monday through Sunday) that the member needs support for eating</li><li>• For each day that the member needs support for eating, identify the number of meals per day eating support is needed</li></ul>

Support needed for eating and feeding:	Number of hour eating support is needed
<p>and/or cueing plus, may need hands-on physical assistance, supervision, or cueing with 50% to 75% of the meal task; however, the member is still able to participate physically: up to 15 minutes/meal.</p> <ul style="list-style-type: none"> <li>Member needs maximum hands-on physical assistance with approximately 75% or more of the meal task, including total set-up of the meal, constant supervision while eating, and/or continual cueing, bringing food to mouth, or must be fed: Up to 30 minutes/meal.</li> </ul>	<ul style="list-style-type: none"> <li>Identify the total number of minutes needed for eating support</li> </ul> <p>Note: Assistance with the preparation of meals is considered as part of Meal Preparation</p>
<ul style="list-style-type: none"> <li>Calculate the total number of minutes of support needed for meal preparation.</li> <li>Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>One (1) unit equals 15 minutes</li> <li>If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul> </li> </ul>	

**2. Bathing** criteria is determined by the following:

Bathing Considerations:
<p>Assistance with bathing, including washing, rinsing, and drying the body or body parts.</p> <ul style="list-style-type: none"> <li>Member's ability to transfer in and out of the tub or shower</li> <li>Amount of time it takes the member to transfer in and out of the tub or shower</li> <li>Ability of member to prepare the shower or run the bath water</li> <li>Ability of member to use any assistive devices, such as a grab bar or shower chair</li> <li>Ability of member to use a sponge or wash cloth to clean himself/herself.</li> <li>How many times per week does the member bathe, consider that: <ul style="list-style-type: none"> <li>Incontinence episodes resulting in the need for a bath</li> <li>Daily bathing of the elderly is not recommended due to damage that occurs to the skin from the water and the soap</li> <li>Bathing more than once per day is a personal preference and not a necessity.</li> </ul> </li> <li>Full bath (bathtub, shower or bed bath) or partial sponge bath (washing of face, underarms and private areas).</li> <li>A bed bath for members who are bed bound and cannot get out of the bed to be bathed in a shower or tub</li> </ul>

Support needed for bathing:	Number of hours bathing support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>Lives alone, is independent to be able to provide own bath without any supervision or assistance: 0 minutes</li> <li>The member needs minimal supervision and set-up by receiving some cueing or assistance getting in and out of the tub or shower, and some assistance with washing back and/or lower extremities: up to 15 minutes/day.</li> <li>The member does not need a full bath but needs minimal supervision with a sponge bath, with water and a sponge or washcloth: up to 15 minutes per sponge bath</li> <li>The member needs moderate support by receiving step-by-step cueing or supervision with the entire bathing process or hands-on assistance with 50% to 75% of the bathing process: up to 30 minutes per bath</li> <li>Maximum. The member needs maximum assistance with 75% or more of the bathing process. May require two or more persons to</li> </ul>	<ul style="list-style-type: none"> <li>Identify the level of support needed for bathing (independent, minimum, moderate, or maximum)</li> <li>Identify the number of days (Monday through Sunday) that the member needs support with bathing</li> <li>For each day that the member needs support with bathing, identify the number of minutes per day support is needed</li> <li>Identify the total number of minutes needed for laundry support</li> </ul>

Support needed for bathing:	Number of hours bathing support is needed
assist member in getting in and out of the shower or tub, requires the use of a mechanical lift, or is only able to receive bed baths: up to 45 minutes per bath	
<ul style="list-style-type: none"> <li>• Calculate the total number of minutes of support needed for bathing.</li> <li>• Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>○ One (1) unit equals 15 minutes</li> </ul> </li> <li>• If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul>	

**3. Dressing and Grooming** criteria is determined by the following:

<b>Dressing and Grooming Considerations:</b>
<p>Dressing assistance includes the laying out, taking off, putting on, and fastening of clothing and footwear, and includes:</p> <ul style="list-style-type: none"> <li>• Member's ability to choose their own clothes, put them on, and put on socks and shoes</li> <li>• Ability to put clothes, socks, and shoes on if someone lays out the clothes</li> <li>• Ability to button, zipper, tie, or buckle clothes or shoes</li> <li>• Ability to successfully use assistive devices in dressing, such as reachers, sock pullers, or shoehorns</li> <li>• Ability to dress self in the morning or evening to get ready for bed</li> </ul> <p>Grooming includes assessment of member's ability to:</p> <ul style="list-style-type: none"> <li>• Comb or brush hair</li> <li>• Shave</li> <li>• Complete oral hygiene, including brushing teeth, remove dentures/partials, clean dentures/partials, and replace dentures/partials</li> <li>• Trim and clean fingernails and toenails</li> </ul>

Support needed for dressing and grooming:	Number of hours dressing and grooming support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>• The member is independent in his/her ability to provide own dressing, undressing, and grooming and does not need any supervision or assistance: 0 minutes</li> <li>• The member needs minimum supervision or reminding by another person with up to 50% of dressing, undressing, and grooming activities: Up to 10 minutes/task.</li> <li>• The member needs moderate supervision with hands-on assistance by another person, or supervision with 50% to 75% of dressing, undressing and grooming activities. This includes regular assistance with buttons, zippers, and buckles, putting on socks and shoes, fixing hair, oral hygiene, or nail care: Up to 15 minutes/task.</li> <li>• The member needs hands-on assistance with 75% or more of the dressing, undressing, and grooming activities. This can include complete assistance with dressing including transfer assistance if needed: Up to 20 minutes/task</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the level of support needed for dressing and grooming (independent, minimum, moderate, or maximum)</li> <li>• Identify the number of days (Monday through Sunday) that the member needs support with dressing and grooming</li> <li>• For each day that the member needs support with dressing and grooming, identify the number of minutes per day support is needed</li> <li>• Identify the total number of minutes needed for dressing and grooming support</li> </ul>
<ul style="list-style-type: none"> <li>• Calculate the total number of minutes of support needed for dressing and grooming.</li> <li>• Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>○ One (1) unit equals 15 minutes</li> </ul> </li> <li>• If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul>	

**4. Toileting** criteria is determined by the following:

<b>Toileting Considerations:</b>

Toileting includes:

- Taking off and putting on of clothing and/or diapers,
- Post-toilet hygiene
- Use of equipment, such as a urinal or bedpan
- Emptying of urinal or bedpan
- Cleaning of a catheter or ostomy bag
- Reminders or a toileting schedule

Support needed for toileting:	Number of hours toileting support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>• The member is independent in his/her ability to provide own toileting and does not need any supervision or assistance: 0 minutes</li> <li>• The member is incontinent but is able to manage his/her own incontinence supplies and change themselves and does not need any supervision or assistance: 0 minutes</li> <li>• The member needs minimum standby assistance, supervision or reminding for toiling by another person with up to 50% of toileting activities: Up to 5 minutes/task.</li> <li>• The member needs moderate toilet assistance with clothing, diapers, post-toilet hygiene, and/or equipment by another person, or supervision with 50% to 75% of toileting activities: Up to 10 minutes/task.</li> <li>• The member needs maximum assistance with 75% or more of toileting activities, including assistance with clothing, diapers, post-toilet hygiene, and/or equipment: Up to 15 minutes/task</li> <li>• Specific tasks:               <ul style="list-style-type: none"> <li>○ The time to pour out urine from a catheter bag: no more than 15 minutes/day.</li> <li>○ The time to take care of a member's ostomy bag (even when twice a day) should be no more than 15 minutes/day</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Identify the level of support needed for toileting (independent, minimum, moderate, or maximum)</li> <li>• Identify the number of days (Monday through Sunday) that the member needs support with toileting</li> <li>• For each day that the member needs support with toileting, identify the number of minutes per day support is needed</li> <li>• Identify the total number of minutes needed for toileting support</li> </ul>
<ul style="list-style-type: none"> <li>• Calculate the total number of minutes of support needed for toileting.</li> <li>• Convert the total number of minutes to units.               <ul style="list-style-type: none"> <li>○ One (1) unit equals 15 minutes</li> </ul> </li> <li>• If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul>	

5. **Transferring** criteria is determined by the following:

Transferring Considerations:
<p>Transferring is the member's ability to move horizontally and/or vertically between the bed, chair, wheelchair, commode, etc. It includes an assessment of the member's:</p> <ul style="list-style-type: none"> <li>• Ability to use any mechanical devices such as a walker, cane, handrails, or wheelchair to assist with transfers</li> <li>• Ability to safely transfer without the assistance of another person</li> <li>• Ability to physically participate in the transfer by pivoting, holding on, or bracing themselves to assist the caregiver</li> </ul>

Support needed for transferring:	Number of hours transfer support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p>	<ul style="list-style-type: none"> <li>• Identify the level of support needed for transferring (independent, minimum, moderate, or maximum)</li> </ul>

Support needed for transferring:	Number of hours transfer support is needed
<ul style="list-style-type: none"> <li>The member is independent in his/her ability when transferring with or without an assistive device: 0 minutes</li> <li>The member needs minimum supervision, standby or reminders for safety when transferring: Up to 10 minutes/task.</li> <li>The member needs moderate assistance when transferring, includes a one person assist with or without assistive devices, member may be able to bear weight or pivot: Up to 15 minutes/task.</li> <li>The member needs maximum assistance with transferring, with support by one or more persons or totally dependent on others for transferring: Up to 30 minutes/task</li> <li>If the member is bed-bound and requires frequent turning and repositioning in bed: Up to 20-90 min/day</li> <li>If member requires the use of a mechanical lift: Up to 20 minutes/task</li> </ul>	<ul style="list-style-type: none"> <li>Identify the number of days (Monday through Sunday) that the member needs support with transferring</li> <li>For each day that the member needs support with transferring, identify the number of minutes per day support is needed</li> <li>Identify the total number of minutes needed for transferring support</li> </ul>
<ul style="list-style-type: none"> <li>Calculate the total number of minutes of support needed for transferring.</li> <li>Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>One (1) unit equals 15 minutes</li> </ul> </li> <li>If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul>	

**6. Light Housekeeping** criteria are determined by the following:

Requests for housekeeping must consider the age appropriateness of the member being able to perform housekeeping duties. Consideration may be given for members between the ages of 18 and up to 21, whose parent or legal guardian is unable to manage these activities.

Housekeeping Considerations:
<ul style="list-style-type: none"> <li>Includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member</li> <li>Housekeeping is limited to the member's bedroom or bathroom, unless they live in their own residency and would consider the areas of the home used by the member, which can include their bedroom, bathroom, kitchen, and sitting area.</li> <li>For members sharing a residence, housekeeping applies only to the areas used by the member. This area includes the member's bedroom and one bathroom.</li> </ul>

Support needed for housekeeping:	Number of hours housekeeping support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>Lives alone and is able to provide own housekeeping: 0 minutes</li> <li>Lives alone and needs minimum to maximum support of outside assistance for some housekeeping : 15-120 min/week</li> <li>Lives with family who is able to provide all of member's housekeeping: 0 minutes</li> <li>Lives with family who provide a minimum or moderate amount of the member's housekeeping: 15-90 minutes/week</li> <li>Member requires maximum support for housekeeping: up to 120 minutes/week</li> </ul>	<ul style="list-style-type: none"> <li>Identify the level of support needed for housekeeping (independent, minimum, moderate, or maximum)</li> <li>Identify the total number of minutes needed for housekeeping or chores</li> </ul>
<ul style="list-style-type: none"> <li>Calculate the total number of minutes of support needed for housekeeping.</li> <li>Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>One (1) unit equals 15 minutes</li> </ul> </li> <li>If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul>	



7. **Laundry** Requests for laundry must consider the age appropriateness of the member being able to perform laundry duties. Consideration may be given for members between the ages of 18 and up to 21, whose parent or legal guardian is unable to manage these activities.

<b>Laundry Considerations:</b>
<p>Identify the amount of laundry to be done on a weekly basis, including washing, drying, folding, and putting away member's clothes, bed linens and towels, including:</p> <ul style="list-style-type: none"> <li>• Amount of clothing and other items to be laundered</li> <li>• Identify if member soils their clothing or bedding due to incontinence, therefore more frequent laundry is needed, which results in more smaller loads</li> <li>• Preparing clothes and other items to be washed</li> <li>• Putting the clothes and other items in the washer and dryer</li> <li>• Hanging clothes and other items to dry</li> <li>• Other chores could be done while the member's clothes or other items are being washed, dried, folded and put away.</li> <li>• If laundry must be done in an apartment laundry room or a community laundry, additional time can be given for waiting for the laundry to be done.</li> <li>• Routine changing of bed linens is considered part of bedroom housekeeping</li> </ul>

<b>Support needed for laundry:</b>	<b>Number of hours laundry support is needed</b>
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>• Lives alone and is able to provide own laundry: 0 minutes</li> <li>• Lives alone and needs minimum to maximum support of outside assistance for laundry : 15-120 min/week</li> <li>• Lives with family who is able to do all of member's laundry: 0 minutes</li> <li>• Lives with family who provide a minimum or moderate amount for the member's laundry: 15-90 minutes/week</li> <li>• Member requires maximum support for laundry: up to 120 minutes/week</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the level of support needed for laundry (independent, minimum, moderate, or maximum)</li> <li>• Identify the number of days (Monday through Sunday) that the member needs support with laundry</li> <li>• For each day that the member needs support with laundry, identify the number of minutes per day support is needed</li> <li>• Identify the total number of minutes needed for laundry support</li> </ul>
<ul style="list-style-type: none"> <li>• Calculate the total number of minutes of support needed for laundry.</li> <li>• Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>○ One (1) unit equals 15 minutes</li> </ul> </li> <li>• If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul>	

8. **Meal Preparation Assistance** Requests for meal preparation assistance must consider the age appropriateness of the member being able to perform meal preparation duties. Consideration may be given for members between the ages of 18 and up to 21, whose parent or legal guardian is unable to manage these activities.

<b>Meal Preparation Considerations:</b>
<ul style="list-style-type: none"> <li>• Number of meals per days eaten by member or number of meals the member should eat per day</li> <li>• Number of daily meals prepared by a caregiver and left in a location that the member can access, heat if necessary and get to the table to eat.</li> <li>• Amount of assistance needed in the preparation and cleanup, such as: <ul style="list-style-type: none"> <li>○ Meal planning</li> <li>○ Meal preparation</li> <li>○ Special diets</li> <li>○ Special food preparation</li> <li>○ Assembling food on plates</li> <li>○ Getting food to the table</li> </ul> </li> <li>• Additional supports allow the member to eat more often or improve nutritional status</li> </ul>

Support needed per meal:	Number of meals and Days support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>• Breakfast by self –1-15 min/day</li> <li>• Breakfast with others –1-5 min/day</li> <li>• Lunch by self –1-20 min/day.</li> <li>• Lunch with others –1-5 min/day</li> <li>• Dinner by self –1-30 min/day.</li> <li>• Dinner with others –1-5 min/day</li> <li>• Additional Meal –1-10 min per meal.</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the level of support needed for meal preparation (independent, minimum, moderate, or maximum)</li> <li>• Identify the number of day (Monday through Sunday) that the member needs support in preparing meals</li> <li>• For each day that the member needs support in preparing meals, identify the number of meals per day support is needed</li> </ul>
<ul style="list-style-type: none"> <li>• Calculate the total number of minutes of support needed for meal preparation.</li> <li>• Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>○ One (1) unit equals 15 minutes</li> <li>○ If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul> </li> </ul>	

**9. Shopping** Requests for shopping consider the age appropriateness of the member being able to perform shopping duties. Consideration may be given for members between the ages of 18 and up to 21, whose parent or legal guardian is unable to manage these activities.

Shopping Considerations:
<ul style="list-style-type: none"> <li>• Member' ability to obtain groceries, household goods and medications on their own</li> <li>• Member's ability to put away groceries, household goods and medications on their own</li> <li>• Member lives with family who does the shopping for the member and puts away groceries, household goods and medications</li> <li>• Member has other supports who do the shopping for the member and puts away groceries, household goods and medications</li> </ul>

Support needed for shopping:	Number of hours shopping support is needed
<p>The following guide assists in determining the amount of support needed by the member:</p> <ul style="list-style-type: none"> <li>• Lives alone and is able to provide own shopping: 0 minutes</li> <li>• Lives alone and needs minimum to maximum support of outside assistance for some shopping: 15-90 min/week</li> <li>• Lives with family who is able to provide all of member's shopping: 0 minutes</li> <li>• Lives with family who provide a minimum or moderate amount of the member's shopping: 15-75 minutes/week</li> <li>• Member requires maximum support for shopping: up to 90 minutes/week</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the level of support needed for shopping (independent, minimum, moderate, or maximum)</li> <li>• Identify the number of days (Monday through Sunday) that the member needs support with shopping</li> <li>• For each day that the member needs support with shopping, identify the number of minutes per day support is needed</li> </ul>
<ul style="list-style-type: none"> <li>• Calculate the total number of minutes of support needed for shopping.</li> <li>• Convert the total number of minutes to units. <ul style="list-style-type: none"> <li>○ One (1) unit equals 15 minutes</li> <li>○ If the total number of minutes is less than 15, that equals one (1) unit.</li> </ul> </li> </ul>	

REFERENCES:
<p>Agency for Healthcare Administration, Standard Contract, Available at:  Agency for Healthcare Administration, Adopted Rules, General Policies  <a href="https://ahca.myflorida.com/medicaid/review/specific_policy.shtml">https://ahca.myflorida.com/medicaid/review/specific_policy.shtml</a>   Agency for Healthcare Administration, Home Health Visits Services Coverage Policy  <a href="http://ahca.myflorida.com/medicaid/review/Specific/59G-4130_Home_Health_Visit_Services_Coverage_Policy.pdf">http://ahca.myflorida.com/medicaid/review/Specific/59G-4130_Home_Health_Visit_Services_Coverage_Policy.pdf</a>  FL.UM.02.01 – Medical Necessity Reviews  FL UM 05 - Timeliness of UM Decisions and Notifications  FL.UM.02 - Use of Clinical Criteria  LT.UM.09 - LTC (Long Term Care) Ancillary Service Criteria</p>

**ATTACHMENTS:** N/A

**ROLES & RESPONSIBILITIES:** Utilization Management

**REGULATORY REPORTING REQUIREMENTS:** State review and approval required for any substantial changes and upon request

**REVISION LOG**

<b>REVISION TYPE</b>	<b>REVISION SUMMARY</b>	<b>DATE APPROVED &amp; PUBLISHED</b>
New Policy Document	Policy Created	06/02/2015
Annual Review	Reference to FL.UM.02.02 updated to reflect new condensed policy FL.UM.02 Practice Guidelines and Clinical Criteria policy and procedure	08/29/2016
Annual Review	Updated to state review process for determining the medical necessity of personal care services. Title of AHCA provider handbook updated and link to the AHCA standard contract and Visits Services coverage policy	11/02/2017
Annual Review	No change needed	11/01/2018
Archer Upload	No content reviewed or revised	02/01/2019
Annual Review	Updated "REFERENCES" section with new link to AHCA, and correct policy numbers and tiles mentioned in this policy. Deleted reference to Healthy Kids	04/01/2020
Annual Review	No changes needed	07/22/2021
Annual Review	Added: the wording "Such as Autism" under procedure after cognitive impairments	04/28/2022
Policy Update	Added: CMS to product line Moved "Limitations and Exclusions" up in the policy	05/09/22
Policy Updates	Added: Special Conditions under Policy, included the mandatory forms criteria and 'signed' Plan of Care. Call out made under Procedure that PCS hours are not to exceed caregiver/legal guardian school or work hours.	12/15/2022
Annual Review	Updated Policy ID Added Policy ID and Name to "Footer" Made minor grammatical changes	11/2023

**POLICY AND PROCEDURE APPROVAL**

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.