

	<p align="center">Personal Care Services Procedure</p>	
<p align="center">Procedure # 4377</p>	<p align="center">Categories Clinical → Care Coordination</p>	<p align="center">This Procedure Applies To: Texas Children's Health Plan</p>
		<p align="center">Document Owner Kristi Lemmert</p>

PROCEDURE STATEMENT: The Service Coordination team of Texas Children's Health Plan (TCHP) supports members and families in obtaining Long Term Services and Supports (LTSS) and in understanding their options for service delivery options (SDO).

DEFINITIONS:

- Personal Care Services (PCS) are also referred to as Personal Attendant Services (PAS) when obtaining services through Community First Choice (CFC).
- Personal Care Services (PCS) are considered to be Home and Community Based LTSS services.
- Personal Care Services (PCS) are LTSS services made available to members to support the highest level of functioning possible in the least restrictive setting.
- Change in Condition means a significant change in a member’s health or functional status that will not normally resolve itself without further intervention and requires review of and revision to the current individual service plan.
- PCS is a covered service available to members when medically or functionally necessary. PCS is a support service provided to a Member who has physical, cognitive, or behavioral limitation related to the member’s disability or chronic health condition, which limits the member’s ability to accomplish activities of daily living (ADLs), instrumental activities of daily living (IADLs), or health-maintenance activities (HMAs).
- ADLs: May include but not limited to bathing, dressing, eating, personal hygiene, locomotion or mobility, positioning, transferring, and toileting.
- IADLs: May include but not limited to telephone use or other communication, grocery or household shopping, light housework, laundry, meal preparation, money management, medication assistance or administration, escort or assistance with transportation services (transportation includes coordination for transportation to medical and other appointments and/or accompanying individual to a health care appointment to assist with needed ADLs).
- Health Maintenance Activities: May include but not limited to nurse-delegated tasks and HMAs within the scope of PCS, as permitted by program policy and Texas Administrative Code (TAC) Title 22, Part 11, Chapter 225 (relating to RN delegation to unlicensed personnel and tasks not

requiring delegation in independent living environments for clients with stable and predictable conditions).

PROCEDURE

STAR Members

1. TCHP provides education for STAR Members on PCS services available to them through the Texas Medicaid and Healthcare Partnership (TMHP). TCHP refers STAR members to TMHP PCS client line to complete an assessment, determining if the Member qualifies for PCS. A TCHP case manager, LAR, or a provider can make a referral to TMHP for PCS services.

STAR Kids Members

2. A member is assessed for PCS when the Personal Care Assessment Module (PCAM) of STAR Kids Screening and Assessment Instrument (SAI) indicates the member qualifies for PCS or if the member expresses interest in receiving PCS.
3. The amount and duration of PCS hours is determined by the Managed Care Organization (MCO) and must take the following into account:
 - 3.1. Whether the member has a physical, cognitive or behavioral limitation related to a disability or chronic health condition that inhibits the Member's ability to accomplish ADLs or IADLs.
 - 3.2. The member caregiver's need to sleep, work, attend school and meet his own medical needs
 - 3.3. The member caregiver's legal obligation to care for, support, and meet the medical, educational and psychosocial needs of other Members of the household
 - 3.4. The member caregiver's physical ability to perform PCS
 - 3.5. Whether requiring the Member's caregiver to perform PCS will put the member's health or safety in jeopardy
 - 3.6. The time periods during which PCS tasks are required by the member, as they occur over the course of a 24-hour day and a seven-day week
 - 3.7. Whether or not the need to assist the family in performing PCS on behalf of the member is related to a medical, cognitive or behavioral condition that results in a level of functional ability that is below that expected of a typically developing child of the same chronological age
 - 3.8. Whether services are needed based on the physician's statement of need and the assessment for personal care described in STAR Kid Handbook, Section 4210 that follows.
4. The member's disability or chronic health condition must be substantiated by a practitioner statement of need (PSON). Receipt of a PSON is required to process an authorization request

for PCS on initial, annual, and change in condition assessment process. The decision process for approving PCS may include but is not limited to, the following:

- 4.1. PCS does not include ADL, IADL or HMA activities that a typically developing child of the same chronological age would not be able to safely and independently perform without adult supervision.
 - 4.2. As required by law, a member's responsible adult must perform ADLs, IADLs and HMAs on behalf of the individual to the extent that the need to do so would exist in a typically developing child of the same chronological age.
 - 4.3. PCS may be authorized to support a member's primary caregiver(s) but may not be authorized to supplant a member's natural support, nor to provide a member's total care.
 - 4.4. PCS may not be used as respite, child care, or for the purposes of restraining a member
5. All members receive information on three available service delivery options (SDO) from their Service Coordination Team at assessment, annual reassessment, upon request, and in the Member Handbook. Once the member has made a decision on a (SDO), the member/LAR receives orientation on their specifically chosen option.
 - 5.1. Agency Option (AO). Under the AO, the managed care organization-contracted provider is responsible for managing the day-to-day activities of the direct service provider and all business details. The Service Coordinator also explains the role of Electronic Visit Verification (EVV) to the members/LAR noting that for AO, EVV is required.
 - 5.2. Service Responsibility Option (SRO). Under the SRO, This includes supervision of the individual providing direct services. The member decides how services are provided. The SRO leaves the business details to the member's managed care organization. The Service Coordinator also explains the role of Electronic Visit Verification (EVV) to the members/LAR noting that for SRO, EVV is required as of January 1, 2021. (21st Century Cures Act, Section 12006 and HHSC EVV Policy Handbook Section 3000).
 - 5.3. Consumer Directed Services (CDS) is a service delivery option in which a member or legally authorized representative (LAR) becomes the CDS employer of record for certain services. The CDS employer recruits, selects, trains, and supervises service providers and directs the delivery of services available through the CDS option, described in SK Handbook Section 5212 (STAR Kids Services Available Under the Consumer Directed Services Option). The Service Coordinator also explains the role of Electronic Visit Verification (EVV) to the members/LAR noting that for CDS option, EVV is required as of January 1, 2021. (21st Century Cures Act, Section 12006 and HHSC EVV Policy Handbook Section 3000).
 6. The Service Coordinator submits an authorization request for PCS to the appropriate utilization management (UM) team, and the UM team enters the authorization information into the TCHP

system, which generates a letter of approved hours that is sent to the member/LAR and the provider.

7. To ensure continuity of care for members transferring from another MCO, an assessment of existing services is performed via call with the member or documentation from the prior MCO as listed in TxMedCentral. Existing services will be automatically extended:
 - 7.1. For up to 90 days after the transition to a new MCO,
 - 7.2. Until the end of the current authorization period, or
 - 7.3. Until the MCO has appropriately evaluated and administered the STAR Kids Screening and Assessment Process and issued or denied a new authorization.

RELATED DOCUMENTS:

[Personal Care Services Policy](#)

REFERENCES:

UMCM 8.1.36, SK Handbook Section 4200, SK Contract 8.1

21st Century Cures Act, Section 12006

HHSC EVV Policy Handbook Section 3000

Texas Administrative Code (TAC) Title 22, Part 11, Chapter 225

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