

MEDICAID STATE PLAN 1915 (B)

SERVICE NAME/AUTHORIZATION LEVEL:

Personal Care in Specialized Residential Settings/Level I Service

SERVICE DESCRIPTION: Personal care services are those services provided in accordance with an individual plan of service to **assist a** beneficiary in performing **their own personal daily activities**. Services may be provided **only in a Licensed Foster Care Setting with a Specialized Residential Program certified by the State**. These personal care services are **Distinctly** different from the state plan Home Help program, administered by DHS.

STANDARD PROCEDURE CODES:

- * T1020 Personal Care per diem, **low** level of care
- * T1020 TF Personal Care per diem, **intermediate** level of care
- * T1020 TG Personal Care per diem, **severe** level of care

UNIT OF MEASURE: Day

ELIGIBILITY CRITERIA AND SERVICE PRIORITIES:

1. Beneficiary is experiencing a severe mental illness, severe emotional disturbance, or a developmental disability and meets eligibility requirements for specialty services as defined in the Practice Guidelines/Eligibility Chapter for specific population within this manual).
2. This service has been determined to meet Medical Necessity Criteria (see section on “Medical Necessity” for specific criteria, located in the Thumb Alliance Guiding Principles Chapter of this manual)
3. Beneficiary is **NOT** an inpatient or resident of a hospital, nursing facility, ICF/MR, or IMD
4. Beneficiary has been assessed to need **assistance** in **some** of the following areas:
 - a. Assistance with food preparation, clothing/laundry, and housekeeping **beyond** the level required by facility licensure (ie: beneficiary may require special dietary needs such as pureed food)
 - b. Eating/Feeding
 - c. Toileting
 - d. Bathing

- e. Grooming
 - f. Dressing
 - g. Transferring (bed-chair-wheelchair)
 - h. Ambulation
 - i. Assistance with self-administered medications
5. Level of Care Determination per procedure code:
- a. For MI/SED:
 - * T1020:
 - ... More than 2 medical concerns that are not necessarily stable and/or assistance with ambulation transfers
 - ... Requires guidance and direction or provision and assistance with all 8 of the above personal care areas
 - * T1020 TF:
 - ... More than 2 medical concerns that are Not stable AND assistance with ambulation and transfers
 - ... Requires guidance and direction AND provision and assistance in all 8 of the above personal care areas
 - * T1020 TG:
 - ... Special medical procedures required, such as oxygen, water toxicity, and/or total care required
 - ... Requires Total Care in all 8 of above personal care areas
 - b. For DD:
 - * T1020:
 - ... More than 2 medical concerns that are not necessarily stable and/or assistance with ambulation/transfers
 - ... Requires guidance And direction with all 8 of the above personal care areas
 - * T1020 TF:
 - ... More than 2 medical concerns that are Not stable and assistance with ambulation/transfers
 - ... Requires guidance and direction And provision and assistance in all 8 of the above personal care areas
 - * T1020 TG:
 - ... Special medical procedures required, such as tube feeding, oxygen and/or total care required
 - ... Requires Total Care in all 8 of the above personal care areas

PROVIDER QUALIFICATIONS:

- * All services must be rendered by a licensed foster care setting with specialized residential program certification by the State

- * Services can only be **Authorized** by a **physician, case manager, or supports coordinator**
- * Services are **Provided** by an aide, **who must be supervised by any health care professional (includes: physician, registered nurse, physician's assistant, nurse practitioner)**
- * Personal Care Services are **NOT** services provided by home health aides or certified nursing assistants

TYPICAL SERVICE UTILIZATION PATTERN:

- * Based on assessed level of care need, as identified in the "Eligibility Criteria/Service Priority" Section above:
- * Personal Care Services would be expected to occur daily
- * The following **documentation** must be included in the beneficiary's case record:
 1. An assessment of the beneficiary's need for personal care
 2. An individual plan of service that includes the specific personal care services **AND** activities, including the amount, scope, and duration, to be delivered that must be reviewed/approved at least 2 per year during person centered planning
 3. Documentation of specific days on which personal care services were delivered consistent with the beneficiary's individual plan of service

ASSOCIATED OUTCOMES:

- * Reduction in maladaptive behaviors
- * Maximized behavioral self-control
- * Increased Independence, particularly in performing own personal daily activities
- * Increased ability to function adaptively in interpersonal and social relationships, within a safe and healthy environment
- * Increased/Stabilized Health and Safety