



Show Me Healthy Kids
MANAGED BY HOME STATE HEALTH



FROM



By

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MEDICAID PERSONAL CARE SERVICES (PCS) PROGRAM REMINDERS

Service Definition

Personal Care Services (PCS) are medically oriented tasks delivered in a participant's *home*:

- Personal care services are medically oriented tasks provided in the individual's home that are approved by the State or reviewed by the health plan and approved as certified by a physician as the home care necessary to meet a participant's physical needs.
- Personal care services are intended to meet personal, physical requirements, as opposed to general housekeeping requirements, and to meet needs that cannot be met by other resources.
- Personal care services covered by the Medicaid Program must be provided by a qualified individual who is not a member of the participant's family
- (NOTE: For the purposes of the Personal Care Program, a family member is defined as a spouse; parent; sibling; child by blood, adoption, or marriage (step-child); grandparent; or grandchild)

Non-Covered Activities

PCS cannot be provided:

- In hospitals or nursing facilities (Use place of service code 12 – Home)
- By family members
- Outside the home or during transport
- For skilled tasks meant for RNs, LPNs, or aides under Title XVIII/XIX
- For general household chores or tasks shared by other household members
- As respite, babysitting, or solely homemaking services

Covered Tasks

PCS may include:

- Meal Prep & Assistance with Eating
- Dressing, Grooming, and Hygiene
- Bathing
- Toileting & Linen Changes
- Mobility/Transfer (Non-lifting)
- Assistance with Self-Administering Medication
- Light Housekeeping (Medical Need Only)

Pediatric PCS Guidance

Services must be medically necessary, not based on level of care

HomeStateHealth.com	Home State: 1-855-694-4663 / TTY: 711
HomeStateHealth.com	Show Me Healthy Kids: 1-877-236-1020 / TTY: 711
Ambetter.HomeStateHealth.com	Ambetter: 1-855-650-3789 / TTY: 711
Wellcare.com/AllwellMO	Wellcare By Allwell: MAPD 1-800-977-7522 / D-SNP: 1-844-796-6811 / TTY: 711
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- While some homemaking service is appropriate through the Personal Care Program, such as changing bed linens or meal preparation and clean-up, **homemaker services should represent only a small portion of the Personal Care Plan for Children.** A parent or caretaker who is unable to perform the homemaking tasks because of their own disability may be referred to Division of Senior and Disability Services (DSDS) for assessment
- Parents must explain their inability to perform care. Refusal to help may trigger a report to the Child Abuse/Neglect Hotline: (800) 392-3738
- Family caregivers are not permitted to be the service provider
- **Prior authorization** request must include:
 - Plan of care (RN-developed)
 - Physician approval (via order, signed plan, or certification)

AEG Member Option (Adult Expansion Group)

Members with ME Code E2 can:

- Choose Consumer Directed Services (CDS) through DHSS (See References section below CDS Sections 2.10 – 2.14)
- OR continue with non-CDS personal care through their MCO/Health Plan

Calculating hours based on assessment

Use time/frequency guidance from the HCBS Manual to calculate units:

- TOTAL UNITS calculation: $\# \text{MIN} / \text{WK} \div 15 = \text{UNIT} / \text{WK} \div \text{DAY} / \text{WK} = \text{UNIT} / \text{DAY} \times \text{MAX DAYS} / \text{MO} = \text{TOTAL UNITS}$
(Round up on each calculation)
- Example: Participant requires service 2 hours/day 7 days per week = 120 min divided by 15 X 90 days of the auth period = 720 units.
- Providers must submit this calculation with each assessment request

ADDITIONAL PROVIDER RESPONSIBILITIES

Medical record documentation requirements:

As outlined above, PCS must meet the medical needs of the individual. This information must be clearly documented in each individual's medical record for each date of service. Home State Health performs periodic reviews to determine if a provider is conforming to appropriate documentation and billing practices and whether the provider has billed for medically necessary, covered services.

Prior authorization submission:

Home State Health requires prior authorization for all home-based services. PCS providers can submit prior authorization requests via the Availity secure portal ([Home State Health Pre-Auth](#)), by fax 833-924-2511 (SMHK)/ 855-286-1811 (HSH).

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Procedure Code	Description	Service Unit
T1001 TDEP	Registered Nurse (RN) Evaluation Visit for Personal Care through HCY	Per visit

Electronic Visit Verification (EVV) compliance:

As of January 1, 2023, all PCS and Home Health Care Services (HHCS) provider agencies are required to use EVV to document MO HealthNet (Medicaid)-funded services delivered in the home of a participant.

Failure to comply with medical record documentation, EVV and prior authorization requirements may result in payment denials or recoupments. Members cannot be billed for services denied related to these decisions. Providers have the right to request claim reconsideration and appeal as outlined in the Home State Health provider manual, available at Home State Health link below.

Billing Guidance

Claims submitted on CMS-1500 claim form.

The following codes are valid for participants aged 0-20 years, for services under the HCY Program.

Procedure Code	Description	Service Unit
T1001 EP	Authorized Nurse Visit	Per visit
T1019 EP	Personal Care	15 minutes
T1019 TFEP	Advanced Personal Care	15 minutes

The following code requires no prior authorization and is restricted to participants under the age of 21. Two (2) visits may be billed per participant, per agency, per rolling year.

RESOURCES:

- [Personal Care Manual \(Full PDF\)](#)
- [Home & Community Based Services Info](#)
- [COVID-19 PCS Flexibilities](#)
- [DHSS Consumer Directed Services EVV MHD Provider Bulletin](#)
- [Home State Health- Tools & Resources](#)
- [DSS- Healthy Children and Youth](#)

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