

Document ID: AETAMA - 081875	Title: Aetna Medicaid Administrators (AMA) 7000.84 Behavioral Health Louisiana Personal Care Services (PCS) Policy	
Parent Documents: N/A		
Effective Date: 02/21/2022	Last Review Date: 06/05/2024	Business Process Owner (BPO): Ld Dir, Business Consulting, CS Utilization Management Ops
Exhibit(s): N/A		
Document Type: Policy and Procedure		

PURPOSE

The purpose of this policy is to define Aetna Better Health’s clinical requirements for the prior authorization of Behavioral Health Personal Care Services (PCS).

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization Utilization Management clinicians processing Louisiana authorization requests for Behavioral Health Personal Care Services (PCS).

POLICY

It is the policy of the plan that specific state directives are used when processing authorization requests for Behavioral Health Personal Care Services (PCS). Louisiana state qualifications, authorization and documentation requirements must be met. It defines additional Louisiana state qualifications and authorization and documentation requirements.

STANDARD

Behavioral Health Personal care services (PCS) include assistance and/or supervision necessary for members with mental illness to enable them to accomplish routine tasks and live independently in their own homes. PCS include the following:

1. Minimal assistance with, supervision of, or prompting the member to perform activities of daily living (ADLs) including eating, bathing, grooming/personal hygiene, dressing, transferring, ambulation, and toileting;
2. Assistance with, or supervision of, instrumental activities of daily living (IADLs) to meet the direct needs of the member (and not the needs of the member’s household), which includes:
 - a. Light housekeeping, including ensuring pathways are free from obstructions;
 - b. Laundry of the member’s bedding and clothing, including ironing;
 - c. Food preparation and storage;
 - d. Assistance with scheduling (making contacts and coordinating) medical appointments;
 - e. Assistance with arranging transportation depending on the needs and preferences of the member;
 - f. Accompanying the member to medical and behavioral health appointments and providing assistance throughout the appointment;
 - g. Accompanying the member to community activities and providing assistance throughout the activity;
 - h. Brief occasional trips outside the home by the direct service worker on behalf of the member (without the member present) to include shopping to meet the health care or nutritional needs of the member or payment of bills if no other arrangements are possible and/or the member’s condition significantly limits participation in these activities

Document ID: AETAMA - 081875	Title: Aetna Medicaid Administrators (AMA) 7000.84 Louisiana Personal Care Services (PCS) Policy
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i. Medication reminders with self-administered prescription and nonprescription medication that is limited to:

- i. Verbal reminders;
- ii. Assistance with opening the bottle or bubble pack when requested by the member;
- iii. Reading the directions from the label;
- iv. Checking the dosage according to the label directions; or
- v. Assistance with ordering medication from the drug store.

NOTE: PCS workers are NOT permitted to give medication to members. This includes taking medication out of the bottle to set up pill organizers

3. Assistance with performing basic therapeutic physical health interventions to increase functional abilities for maximum independence in performing activities of daily living, such as range of motion exercise, as instructed by licensed physical or occupational therapists, or by a registered nurse¹.

Prior Authorization of Behavioral Health Personal Care Services (PCS)

Behavioral Health PCS requires prior authorization. Providers must submit sufficient documentation **including ABHLA prior authorization form and service plan to determine medical necessity**. Failure to do so may result in a partial or complete denial of coverage for services. **Services are limited to 20 hours per week. An exception may be made by Aetna Better Health Medical Director to exceed this limit with documentation that services are medically necessary, and documentation from the Office of Aging and Adult Services (contacted via 866-758-5035 or OAAS.Inquiries@la.gov) indicating that the member does not qualify for PCS 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.**

Requests for Behavioral Health PCS must include an individualized service plan that includes 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 (6) months, or more frequently based on changes to the member's needs or preferences. **The standard authorization period for Behavioral Health PCS services is up to six (6) months.**

Medical Necessity Criteria

Aetna Better Health members who meet medical necessity criteria may receive Behavioral Health PCS when recommended by the member's treating licensed mental health professional (LMHP) or physician within their scope of practice. Members must be at least 21 years of age and have transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program. Members must be medically stable, not enrolled or eligible for a Medicaid-funded program which offers a personal care service or related benefit, or

¹ LDH Behavioral Health Services Provider Manual, Section 2.3: Outpatient Services- Personal Care Services (PCS), pages 1-2

Document ID: AETAMA - 081875	Title: Aetna Medicaid Administrators (AMA) 7000.84 Louisiana Personal Care Services (PCS) Policy
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including Long Term Personal Care Services (LT-PCS), and whose care needs do not exceed that which can be provided under the scope and/or service limitations of this personal care service².

APPLICABLE CPT/HCPCS CODES

This policy applies the additional definitions, qualifications, criteria, and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT/HCPCS	Description
S5125	PERSONAL CARE SERVICES (BILLABLE FOR < 28 UNITS/DAY) - <i>Effective 2/21/22</i>
S5126	PERSONAL CARE SERVICES (BILLABLE FOR > 28 UNITS/DAY) - <i>Effective 2/21/22</i>

DEFINITIONS:

- 1. Personal Care Services (PCS): services that include assistance and/or supervision with activities of daily living or instrumental activities of daily living necessary for members with mental illness to enable them to accomplish routine tasks and live independently in their own homes.**
- Prior Authorization: Process in which providers must obtain approval from prior to services provided.

Aetna Better Health of Louisiana

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Chief Medical Officer

² LDH Behavioral Health Services Provider Manual, Section 2.3: Outpatient Services- Personal Care Services (PCS), pages 2-3, 6

Document ID: AETAMA - 081875	Title: Aetna Medicaid Administrators (AMA) 7000.84 Louisiana Personal Care Services (PCS) Policy
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EXHIBIT(S): NA

References/Resources

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, revised **04/15/2024**

REVIEW AND REVISION HISTORY

Date	Revision No.	Reason for Change	Sections Affected
02/2022	New Policy		
02/2023	1	Added History Log; Removed unnecessary language; Aetna Better Health Responsibilities and Operating Protocol sections; Updated with 2023 Louisiana Medicaid Managed Care Organization Model Contract reference; Updated purpose, objectives, and references sections for clarity. Transitioned to new template.	All
02/2024	2	Updated MCG edition; Updated CEO and CMO;	All
06/2024	3	Transitioned to new template. Revisions made to update the criteria for the “Service Utilization” and “Billing” sections.	All