

CLINICAL POLICY**Personal Care Services Requests****Clinical Policy: Review for Personal Care Services Requests**

Reference Number: FL.CP.MP.11

Effective Date: 11/25

[Coding Implications](#)[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This policy describes the medical necessity requirements for Personal Care Services for members < 21 years of age for Sunshine Health's Managed Medical Assistance, (MMA), Children's Medical Service (CMS), HIV/AIDS, and Child Welfare (CW) products.

Policy/Criteria

- I.** It is the policy of Sunshine Health that Personal Care Services are **medically necessary** when one or more of the following criteria are met:
 - A. Member must be completely non-verbal. Speech delayed is not sufficient;
 - B. Safety/flight concerns;
 - C. Self-harm/harming others.

- II.** It is the policy of Sunshine Health that Personal Care Services for *medically fragile children* require **mandatory secondary review** if any of the following apply:
 - A. Out of state services;
 - B. Experimental/Investigational services;
 - C. All new initial Personal Care Services requests – with exception of criteria met in Section I;
 - D. Any increases in Personal Care Service hours – with exception of criteria met in Section I;

- III.** It is the policy of Sunshine Health that Personal Care Services are **medically necessary** when all of the following criteria are met:
 - A. 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):
 - 1. 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).
 - 2. 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.
 - B. 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:
 - 1. Information on the level of ADL and IADL support that the parent or legal guardian is able to safely provide;

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2. If training is needed to enable the parent or legal guardian to safely provide ADL or IADL support, description of the level of training needed.
- C. Members aged 18 to 21 years old, provide information on the member's housing situation; one of the following:
 1. Lives alone;
 2. Lives with family (with consideration of the number of days and hours that family members are not available to assist the member);
 3. Lives with non-family (with consideration of the number of days and hours that non-family members are not available to assist the member).
- D. 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.

Note: Members requiring less than two hours of personal care services per day, please refer to *FL.CP.MP.10 Home Health Nursing/Aide Services Expanded Benefit*.

IV. It is the policy of Sunshine Health that Personal Care Services are **medically necessary** when all of the following criteria are met:

- A. Member must be < 21 years of age;
- B. Member's treating physician must order the service;
- C. Member must have one of the following functional impairments:
 1. Minimal functional impairment; one or more of the following:
 - a. ADLs requiring at least minimum assistance;
 - b. Ambulates with assist of person/device;
 - c. Transfers requiring at least minimum assistance;
 2. Moderate functional impairment; two or more of the following:
 - a. ADLs requiring at least minimum assistance;
 - b. Ambulates with assist of person/device;
 - c. Transfers requiring at least minimum assistance;
 3. Maximum functional impairment; all of the following:
 - a. ADLs requiring total assistance;
 - b. Non-ambulatory;
 - c. Transfers requiring one to two persons assist;
 4. Maximum and persistent functional impairment without available parent or legal guardian support all of the following:
 - a. ADLs requiring total assistance;
 - b. Non-ambulatory;
 - c. Transfers requiring one to two person assist;
 - d. Treating physician certified that all the above impairments are present;
- D. Member has a documented medical condition or disability that substantially limits the member's ability to perform their ADLs or IADLs or has a documented cognitive impairment such as Autism which prevents the member from knowing when or how to carry out the personal care task.
- E. Member has a documented functional limitation as evidenced by one of the following:
 1. There is documentation that the member is incapable of learning despite efforts to train in personal care task(s);

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2. Member has a documented memory deficit(s) which prevents the member from managing a personal care task;
- F. Member requires more individual and continuous care than can be provided through a home health aide visit;
- G. Member requires services that can be safely provided in their home or the community;
- H. Member does not have a parent or legal guardian able to provide ADL or IADL care.
- I. Member would normally perform the age-appropriate personal care task without the medical condition or disability, and member's parent or legal guardian is not able to provide ADL or IADL care.
- J. The following forms must be submitted:
 1. Signed Plan of Care (POC) and one of the following:
 - a. Parent or legal guardian work schedule;
 - b. Parent or legal guardian medical limitations;
 - c. Parent or legal guardian statement of work schedule;
 - d. Parent or legal guardian school schedule.

Note: Personal Care Services hours must not to exceed caregiver/legal guardian work or school schedule hours. The length of the initial authorization can be for up to 180 days.

- V. It is the policy of Sunshine Health that personal care services **are not medically necessary** for the following indications:
 - A. Banking or flexing hours of approved personal care service. 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.
 - B. Personal care services administered in the following locations:
 1. Hospitals;
 2. Nursing facilities;
 3. Intermediate care facilities for individuals with intellectual disabilities;
 4. Physician offices;
 5. Clinics;
 6. Prescribed pediatric extended care centers.
 - C. Personal care services outside the member's residence when the services are available through other public or private resources, including schools (with documentation of such) while the member is outside their home;
 - D. Personal care services provided to a member whose parent or legal guardian is 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.
 - E. Parents and legal guardians unwilling to 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.

- VI. It is the policy of Sunshine Health that personal care services do not include any of the following:

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- A. Social services;
- B. Transportation services (except when necessary to protect the health and safety of the member and no other transportation service is available or when provided as an IADL for members < 21 years of age);
- C. Escort services;
- D. Care, grooming, or feeding of pets and animals;
- E. Yard work, gardening, or home maintenance work;
- F. Day care or after school care;
- G. Assistance with homework;
- H. Companion sitting or leisure activities;
- I. Housekeeping (except light housekeeping), homemaker, and chore services, including any shopping except grocery shopping when provided as an IADL for members < 21 years of age;
- J. Respite care;
- K. Services which can be effectively and efficiently obtained outside the recipient's place of residence without any medical contraindications;
- L. Baby-sitting.

Redetermination

Prior to the expiration of the initial authorization period, the requesting provider must submit information on the member's current status to Sunshine Health in order 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.

Background

Personal Care Services are services that aid with activities of daily living (ADL) and/or age-appropriate instrumental activities of daily living (IADL) to enable a member to accomplish tasks that they would normally be able to do for themselves in the absence of a medical condition or disability. This service will assist in maintaining the member in their home and community environment, in a safe manner.

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

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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.

Additional information for activities is provided below and will be used when determining the amount of support needed for specific ADL and IADL activities.

Personal Care Task	General Time Allowances
Bathing	
Full-body Bath: Tub, shower or sponge/bed bath.	Up to 30 minutes. May rotate with partial bath based on recipient's needs
Partial Bath: A sponge bath includes, at minimum, bathing of the face, hands, and perineum.	15–20 minutes per partial bath
Dressing	
Laying out clothing, handing and retrieving clothing, putting clothes on and taking them off, including handling fasteners, zippers, and buttons.	15 minutes
Application of prosthetic devices or application of therapeutic stockings.	May add 15 minutes for applying hose and/or prosthesis
Grooming and Skin Care	
Brushing teeth, denture care, shaving, washing and drying face and hands. Applying lotion to non-broken skin.	15–30 minutes
Shampoo and comb hair, basic hair care, basic nail care.	15 minutes
Positioning	
Moving recipient to and from a lying position, turning side to side, and positioning recipient in bed.	10 minutes/every 2 hours when medically indicated
Transfers	
Moving recipient into and out of a bed, chair, or wheelchair. May include the use of assistive devices.	15 minutes/every 2 hours when medically indicated
Toileting and Maintaining Continence	
Includes transfer on or off the toilet, bedside commode, urinal, or bedpan. Includes cleaning the perineum and cleaning after an incontinent episode. Includes taking care of a catheter or colostomy bag or changing a disposable incontinence product.	15–45 minutes
Eating	

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Taking in food by any method. Extra time may be allowed for preparing a special diet.	30 minutes per meal
Delegated Medical Monitoring and Activities	
Non-skilled medical tasks that are delegated to the aide by the RN, in accordance with Florida laws and practice acts. The tasks include, but are not limited to, assisting recipient with pre-poured medications, monitoring vital signs, and measurement of intake/output.	15–30 minutes day for all monitoring tasks performed

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

Eating and Feeding Considerations:
<p>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:</p> <ul style="list-style-type: none"> • Cut foods into appropriate size pieces • Move food or drink from the serving receptacle to their mouth <p>Support for eating considers the number of meals per day that the member eats.</p>

Support needed for eating and feeding:	Number of hour eating support is needed
<p>The following guide assists in determining the amount of support needed by the member, in the absence of caregiver support:</p> <ul style="list-style-type: none"> • Independent. Needs no assistance in eating or feeding oneself: 0 minutes/meal. • Member needs minimum assistance to have meal set-up, including cutting food, opening carton, and/or cueing: Up to 10 min/meal. • Member needs moderate assistance in meal set-up, including cutting food, opening carton, 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. • Member needs maximum hands-on physical assistance with approximately 75% or more of the meal task, including 	<ul style="list-style-type: none"> • Identify the level of support needed for eating (independent, minimum, moderate, or maximum) • Identify the number of day (Monday through Sunday) that the member needs support for eating • For each day that the member needs support for eating, identify the number of meals per day eating support is needed • Identify the total number of minutes needed for eating support <p>Note: Assistance with the preparation of meals is considered as part of Meal Preparation</p>

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Support needed for eating and feeding:	Number of hour eating support is needed
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.	
<ul style="list-style-type: none"> • Calculate the total number of minutes of support needed for meal preparation. • Convert the total number of minutes to units. <ul style="list-style-type: none"> ○ One unit equals 15 minutes ○ If the total number of minutes is less than 15, that will equal one unit. 	

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

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"> • Lives alone, is independent to be able to provide own bath without any supervision or assistance: 0 minutes • 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. • The member does not need a full bath but needs minimal supervision with a sponge bath, with water and a sponge or 	<ul style="list-style-type: none"> • Identify the level of support needed for bathing (independent, minimum, moderate, or maximum) • Identify the number of days (Monday through Sunday) that the member needs support with bathing • For each day that the member needs support with bathing, identify the number of minutes per day support is needed • Identify the total number of minutes needed for laundry support

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Support needed for bathing:	Number of hours bathing support is needed
<p>washcloth: up to 15 minutes per sponge bath</p> <ul style="list-style-type: none"> • 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 • Maximum. The member needs maximum assistance with 75% or more of the bathing process. May require two or more persons to 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"> • Calculate the total number of minutes of support needed for bathing. • Convert the total number of minutes to units. <ul style="list-style-type: none"> ○ One unit equals 15 minutes • If the total number of minutes is less than 15, that will equal one unit. 	

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

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

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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"> • 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 • 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. • 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. • 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 	<ul style="list-style-type: none"> • Identify the level of support needed for dressing and grooming (independent, minimum, moderate, or maximum) • Identify the number of days (Monday through Sunday) that the member needs support with dressing and grooming • For each day that the member needs support with dressing and grooming, identify the number of minutes per day support is needed • Identify the total number of minutes needed for dressing and grooming support
<ul style="list-style-type: none"> • Calculate the total number of minutes of support needed for dressing and grooming. • Convert the total number of minutes to units. <ul style="list-style-type: none"> ○ One unit equals 15 minutes • If the total number of minutes is less than 15, that will equal one unit. 	

4. Toileting criteria is determined by the following:

Toileting Considerations:
<p>Toileting includes:</p> <ul style="list-style-type: none"> • 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

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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"> • The member is independent in his/her ability to provide own toileting and does not need any supervision or assistance: 0 minutes • 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 • 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. • 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. • 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 • Specific tasks: <ul style="list-style-type: none"> ○ The time to pour out urine from a catheter bag: no more than 15 minutes/day. ○ The time to take care of a member’s ostomy bag (even when twice a day) should be no more than 15 minutes/day 	<ul style="list-style-type: none"> • Identify the level of support needed for toileting (independent, minimum, moderate, or maximum) • Identify the number of days (Monday through Sunday) that the member needs support with toileting • For each day that the member needs support with toileting, identify the number of minutes per day support is needed • Identify the total number of minutes needed for toileting support
<ul style="list-style-type: none"> • Calculate the total number of minutes of support needed for toileting. • Convert the total number of minutes to units. <ul style="list-style-type: none"> ○ One (1) unit equals 15 minutes • If the total number of minutes is less than 15, that will equal one unit. 	

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

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<p>Transferring Considerations:</p> <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"> • Ability to use any mechanical devices such as a walker, cane, handrails, or wheelchair to assist with transfers • Ability to safely transfer without the assistance of another person • Ability to physically participate in the transfer by pivoting, holding on, or bracing themselves to assist the caregiver

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"> • The member is independent in his/her ability when transferring with or without an assistive device: 0 minutes • The member needs minimum supervision, standby or reminders for safety when transferring: Up to 10 minutes/task. • 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. • 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 • If the member is bed-bound and requires frequent turning and repositioning in bed: Up to 20-90 min/day • If member requires the use of a mechanical lift: Up to 20 minutes/task 	<ul style="list-style-type: none"> • Identify the level of support needed for transferring (independent, minimum, moderate, or maximum) • Identify the number of days (Monday through Sunday) that the member needs support with transferring • For each day that the member needs support with transferring, identify the number of minutes per day support is needed • Identify the total number of minutes needed for transferring support
<ul style="list-style-type: none"> • Calculate the total number of minutes of support needed for transferring. • Convert the total number of minutes to units. <ul style="list-style-type: none"> ○ One unit equals 15 minutes • If the total number of minutes is less than 15, that will equal one unit. 	

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.

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Housekeeping Considerations:
<ul style="list-style-type: none"> • Includes cleaning tasks necessary to attain and maintain sanitary living conditions for the member • 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. • 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.

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

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.

Laundry Considerations:
<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"> • Amount of clothing and other items to be laundered • Identify if member soils their clothing or bedding due to incontinence, therefore more frequent laundry is needed, which results in more smaller loads • Preparing clothes and other items to be washed • Putting the clothes and other items in the washer and dryer • Hanging clothes and other items to dry

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Laundry Considerations:
<ul style="list-style-type: none"> • Other chores could be done while the member’s clothes or other items are being washed, dried, folded and put away. • 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. • Routine changing of bed linens is considered part of bedroom housekeeping

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

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.

Meal Preparation Considerations:
<ul style="list-style-type: none"> • Number of meals per days eaten by member or number of meals the member should eat per day • 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. • Amount of assistance needed in the preparation and cleanup, such as: <ul style="list-style-type: none"> ○ Meal planning ○ Meal preparation ○ Special diets ○ Special food preparation ○ Assembling food on plates

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Meal Preparation Considerations:
<ul style="list-style-type: none"> ○ Getting food to the table ● Will additional supports allow the member to eat more often or improve nutritional status

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

9. Shopping Requests for shopping will 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"> ● Member’ ability to obtain groceries, household goods and medications on their own ● Member’s ability to put away groceries, household goods and medications on their own ● Member lives with family who does the shopping for the member and puts away groceries, household goods and medications ● Member has other supports who do the shopping for the member and puts away groceries, household goods and medications

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

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT® Codes	Description

HCPCS Codes	Description

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Original approval date		06/15
Annual review; updated to reflect new condensed policy		08/16

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review; updated to state review process for med necessity of personal care services.		11/17
Annual review; no changes.		11/18
Annual review; Updated references, corrected policy numbers, titles; deleted reference to Healthy Kids.		04/20
Annual review; no changes.		07/21
Annual review; Added: the wording “Such as Autism” under procedure after cognitive impairments.		04/22
Policy update; Added CMS to product line.		05/22
Policy update; Added Special conditions under policy included mandatory forms criteria and signed plan of care. Call out made that hours are not to exceed caregiver/legal guardian school or work hours		12/22
Transitioned policy to new state specific template and sent to market for approval; policy number changed from FL.UM.25.00 to FL.CP.MP.11.	06/23	
Annual review. “HIV/AIDS” added to Description. Minor edits to criteria with no impact to meaning. Note added to steer to FL.CP.MP.10 Home Health Nursing/Aide Services Expanded Benefit for members requiring less than two hours of personal care services per day. Criteria IV.G. added requiring services for the member can safely be provided in their home or the community. References reviewed and updated.	11/25	

References

1. Agency for Health Care Administration. Florida Medicaid personal care services coverage policy. https://ahca.myflorida.com/content/download/25561/file/59G-4.215%20Personal%20Care%20Services%20Coverage%20Policy_Final_10.8.24.pdf. Published October 2024. Accessed November 4, 2025.
2. Centers for Medicare and Medicaid Services (CMS) Final Rule. Conditions of participation for home health agencies. <https://www.federalregister.gov/documents/2017/01/13/2017-00283/medicare-and-medicaid-program-conditions-of-participation-for-home-health-agencies>. Published January 13, 2017. Accessed November 4, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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