



Personal Care (PC) services are maintenance services provided to residents of Residential Care Facilities (RCF) or Assisted Living Facilities (ALF) to assist with activities of daily living (ADL). Services are authorized to eligible residents when the needs of the resident exceed the minimum obligations of the facility as established in the licensure requirements.

RCF's or ALF's are responsible, at a minimum, for the basic human needs of its residents. The facilities are also responsible for assuring the resident's PC needs are met either through the resident's resources or other available resources. The facilities are responsible for 24-hour protective oversight of residents, as well as room and board. The reimbursement the facility receives from the resident (SSI, SSA, etc.) and a supplemental cash grant from the Department of Social Services (DSS) is intended to cover safe shelter needs (including housekeeping, basic linens, and the maintenance thereof) and nutritional needs (food and food preparation).

- ◆ Authorization of services is funded through the Medicaid State Plan.
- ◆ All PC participants must meet the following eligibility criteria:
 - At least 18 years of age;
 - In active [Medicaid status](#).
 - Participants eligible for Medicaid on a spenddown basis may be authorized to receive services during periods they meet their spenddown liability.
 - A participant is responsible for the cost of services received during periods of time when they have **not** met their spenddown liability.
 - Participants who receive Medicaid due to eligibility for Blind Pension (BP) may be authorized for services in the RCF or ALF.
 - Participants in a 'Transfer of Property penalty' may be authorized for services in the RCF or ALF.
 - Have an appropriate [Medicaid Eligibility \(ME\) Code](#).
 - Meet nursing facility level of care (LOC).

REFERRAL, ASSESSMENT, and AUTHORIZATION

Referrals for PC services in an RCF or ALF shall be made to the Department of Health and Senior Services (DHSS), Division of Senior and Disability Services (DSDS). DSDS shall screen and process the referral as appropriate, utilizing the same timeframes as all other HCBS.

When referrals for residents meeting all the necessary eligibility requirements for PC services in an RCF or ALF also include a valid [Physician's Prescription](#) for PC services, DSDS shall at least authorize up to one hour of PC service per day.

- ◆ HCBS participant's requesting PC services in an RCF or ALF may make a referral by contacting the DSDS Call Center. RCF and ALF providers should initiate referrals by utilizing the [Online HCBS Referral Form](#). In instances where referrals cannot be submitted online, referrals can be submitted by completing the [Home and Community Based Services Referral Form](#). In addition to the referral forms, referrals may also include a [Physician's Prescription for Personal Care](#).
- ◆ An authorization's effective date for HCBS resulting from a completed initial assessment, will be the date the assessment was completed and eligibility for HCBS was determined.
- ◆ An RCF/ALF shall notify the Person Centered Care Planning (PCCP) Team of a provider change as a result of a newly admitted resident, in need of PC within two weeks of admission. The notification by the RCF/ALF to the PCCP Team will ensure the effective date will be the same date as the admission date. If an RCF/ALF notification is submitted to the PCCP Team beyond the two weeks of admission, then the effective date will be established as the date the request was received.
- ◆ To be considered a valid physician prescription for PC services, the physician shall complete the [Physician's Prescription for Personal Care Services form](#) or utilize a similar document that includes all the elements contained in the form developed by DSDS.
 - The physician's prescription must:
 - Pertain to a resident of an RCF or ALF;
 - Pertain to a resident who qualifies for assistance under Section 208.030, RSMo (eligibility for supplemental grant payments);
 - Pertain to a resident who meets the LOC required in Section 208.152, RSMo and 19 CSR 30-81.030;
 - Include a diagnosis/explanation of functional status of the resident;
 - State the diagnosis/explanation of functional status causes the resident to require assistance with ADLs;
 - Provide a brief explanation of how the diagnosis/explanation of functional status causes the resident to require assistance with ADLs;
 - Provide a non-technical, plain-language description of the particular assistance needed by the resident;
 - Identify the particular assistance among the particular tasks reimbursable under the PC program;
 - Provide a brief explanation of why the assistance is needed;
 - State the particular reimbursable assistance required necessitates the amount of time prescribed for the task; and

- Be signed by a physician who asserts he/she has taken all action required by applicable professional medical standards (including, but not limited to, standards imposed by state licensure) relating to him/her and all applicable legal duties relating to the resident to make the conclusions identified within the above listed information and the information provided in the prescription form is true and correct to the best of his/her knowledge.
- ◆ Any time a (re)assessment is completed by DSDS or its designee, the assessor shall announce themselves to facility staff and indicate the intent of the visit before meeting with the current or potential participant.
- ◆ The assessment shall take place in the current or potential participant's room or in a private area of the facility. If the assessment cannot be completed in the current or potential participant's room, DSDS or its designee **must observe and document** in [case notes](#) the condition of the room in which the current or potential participant resides.
- ◆ DSDS or its designee must review the participant's facility chart [such as a Department of Mental Health (DMH) Person Centered Plan (PCP), Individual Treatment Plan (ITP) or Individualized Service Plan (ISP)], and look at [services](#) (physician ordered treatments, medications, diet, rehabilitative, or restorative) the resident receives. DSDS or its designee must use this information to assist in determining the (LOC) and assistance needed.
- ◆ DSDS or its designee shall make other [collateral contacts](#), including, but not limited to RCF or ALF staff (Administrator/manager, licensed nurse, PC aide who provides daily services), family, friends, legal representatives, or physician to obtain information to complete the assessment process.
- ◆ DSDS or its designee shall document in case notes the source of information gathered from any collateral contact.
- ◆ Decisions regarding the authorization of PC services for individuals residing in an RCF or ALF shall be made in consultation and agreement with the participant, the participant's legal representative (as necessary), and the participant's physician.
- ◆ The development and subsequent authorization of a person centered care plan (PCCP) is a result of identification of functioning problems, current resources, goals, and unmet needs during the (re)assessment process. The services authorized under the PCCP shall provide reinforcement and enhancement to the current formal and informal support system of the participant. **Reimbursement for PC services in an RCF or ALF cannot duplicate what is covered in other reimbursement to the facility (e.g., routine linen changes and meal preparation).**
- ◆ Residents of an RCF or ALF who meet the necessary Medicaid eligibility requirements may be authorized for any of the following combination of services:

Basic Personal Care (PC in RCF/ALF) services shall be authorized in 15 minute units and are generally medically oriented tasks, designed to meet the physical and maintenance needs of participants with a chronic, stable condition. PC in RCF/ALF may include the following tasks:

 - Dietary: Direct assistance with meal preparation when the participant has a physician ordered specialized diet, (e.g., renal, mechanical soft, puree, measuring and weighing to determine portion

size, etc.). Dietary also includes feeding and cleanup. Authorization of service units must be based on the participant's specific needs. (Suggested time 15 minutes per each full meal)

- Prior to the authorization of units for dietary needs, DSDS or its designee shall review the physician ordered diet. No units shall be authorized for meal preparation and clean-up unless facility staff goes above and beyond what is required by licensure. A physician ordered diet constitutes the need for meal preparation within dietary assistance.
- Dressing/Grooming: Direct assistance with dressing and undressing, combing hair, nail care, oral hygiene, and shaving that requires active participation by the aide and requires the aide be present and in close proximity based on the participant's specific needs. (Suggested time 15 minutes – Suggested frequency 1-7 x/week)
- Bathing: Direct assistance with bathing and shampooing hair that requires active participation by the aide and requires the aide be present and in close proximity (for example including gathering supplies, clean clothing, etc.) based on the participant's specific needs. (Suggested time 30-45 minutes – Suggested frequency 1-7 x/week)
- Toileting and Continence: Direct assistance with going to the bathroom and changing bed linens. Unless there are extenuating circumstances, such as profuse bodily fluid secretions which require the facility staff to change bed linens more often than usual, no units shall be authorized for this task. Mobility and transfer to the bathroom should be included and delivered as needed. (Considering the resident's mobility suggested time 5 minutes multiplied by times per day based upon suggested frequency needed)
- Mobility and Transfer: Direct assistance with mobility, transfer, and ambulation when the participant can at least partially bear their own weight. (Suggested time 5-10 minutes – Suggested frequency as needed)
- Self-Administration of Medications: Assistance with self-administration of medication and applying nonprescription topical ointments or lotions. Self-administration of medication is defined in 19 CSR 30-83.010 (46) as the act of actually taking or applying medication to oneself. For example, the time spent handing the medication container; to include inhalers, medication for nebulizers, ointments/lotions, and water to the participant so the participant can self-administer their medications would be appropriately calculated in the time for this task. (Suggested time 1 unit per day for self-administration of medications for participants who take medications up to three times daily and 2 units per day for participants who take medications four times or more daily)

Administration of medication is not a covered task within the PC program. The self-administration of medication task does not include the amount of time required by the facility staff to administer the medication. Administration of medication is defined in 19 CSR 30-86.042(51) as delivering to a resident his or her prescription medication either in the original pharmacy container or for internal medication, removing an individual dose from the pharmacy container and placing it in a small container or liquid medium for the resident to remove from the container and self-administer.

- Medically Related Household Tasks: Assistance with required cleaning. Unless there are extenuating circumstances such as profuse bodily fluid secretions which require the facility staff to clean a resident's living area more often than usual, no units shall be authorized for this task. When

there are extenuating circumstances, (e.g., profuse bodily secretions, excess bodily fluids from incontinence, etc.), DSDS or its designee can authorize services to clean the resident's living area and launder the resident's clothes and linens. (Suggested time 15 minutes – Suggested frequency as needed)

NOTE: *Encouragement (prompting and cueing) and instruction of participants in self-care may be a component of the services; however, encouragement and instruction do not constitute a task in and of themselves.*

Advanced Personal Care (APC in RCF/ALF) services shall be authorized in 15 minute units, and are medically oriented tasks, designed to meet the physical and maintenance needs of participants with a chronic, stable condition, when such assistance requires devices and procedures related to altered body functions. APC in RCF/ALF may include the following tasks:

- Ostomy Hygiene: Changing bags and soap and water hygiene around an ostomy site (including tracheostomies, gastrostomies, colostomies; all with well-healed stoma). (Suggested time 15 minutes - Suggested frequency 1-7 x/week)
- Catheter Hygiene: Changing bags and soap and water hygiene around the site of external, indwelling, and suprapubic catheters. (Suggested time 15 minutes - Suggested frequency 1-7 x/week)
- Removal of external catheters, inspect skin and reapply catheter. (Suggested time 15 minutes - Suggested frequency as ordered)
- Bowel Program: Administration of prescribed bowel programs, including use of suppositories and sphincter stimulation per protocol and enemas (pre-packed only) with participants without contraindicating rectal or intestinal conditions. (Suggested time 15 minutes - Suggested frequency as ordered)
- Application of medicated (prescription) lotions, ointments or dry, aseptic dressings to unbroken skin including stage I *decubitus*. (Suggested time 15 minutes - Suggested frequency as ordered)
- Non-injected Medications: Manual assistance with non-injectable medications; may include prompting participant and/or steadying participant's hand/arm to get medication to mouth. (Suggested time 15 minutes - Suggested frequency as ordered)
- Application of aseptic dressings to superficial skin breaks or abrasions as directed by a licensed nurse. (Suggested time 15 minutes - Suggested frequency as ordered)
- Passive Range of Motion: Passive range of motion (non-resistive flexion of joint within normal range) delivered in accordance with the care plan. (Suggested time 15 minutes - Suggested frequency as ordered)

Authorized Nurse Visits (RN in RCF/ALF) are authorized by the visit. No minimum or maximum time is required to constitute a visit. RN in RCF/ALF services are maintenance or preventative services, provided by a Registered Nurse (RN), or a Licensed Practical Nurse (LPN) under the direction of an RN or physician. Authorized Nurse Visit tasks may include:

- Evaluate APC Care Plan: All APC participants shall be authorized for an RN visit on a monthly basis to evaluate the adequacy of the authorized services to meet the needs and conditions of the participant and to assess the APC aide’s ability to carry out the authorized services.
- Other RN Care
 - Monitor skin condition
 - Nail care: Monthly visits to provide nail care for diabetic participants or participants with other medically contraindicating conditions, including but not limited to participant:
 - ◆ Taking anticoagulant medication, such as Coumadin;
 - ◆ Diagnosed with peripheral vascular disease;
 - ◆ Diagnosed with a compromised immune system (e.g., HIV and chemotherapy patients).
 - Administration of injectable medications (other than insulin);
 - Venipunctures;
 - Catheter changes;
 - Enemas (only when not utilizing a prepackaged enema);
 - Central line dressing/flush/blood draws.
- ◆ PC services in an RCF/ALF are also governed by the average statewide monthly cost for care in a nursing facility.
 - Authorized PC in RCF/ALF services shall not exceed 60% of the average [statewide monthly cost](#) for care in a nursing facility; this includes when authorized in combination with any other PC services in an RCF/ALF.

NOTE: The cost of RN visits and/or APC in RCF/ALF are not included in the 60% of the average statewide monthly cost for care in a nursing facility restriction for basic personal care.
 - All combined PC services in an RCF/ALF (PC in RCF/ALF, APC in RCF/ALF, and RN in RCF/ALF) shall not exceed 100% of the average statewide monthly cost for care in a nursing facility.

NOTE: When the care plan includes an authorization for RN services, the cost of one RN visit shall be excluded from the calculation of a care plan’s cost.