



Personal Care - (Agency Model) (PC) services are generally medically oriented tasks provided as an alternative to nursing facility care, and designed to meet the maintenance needs of individuals with chronic health conditions. PC services must be reasonable according to the condition and functional capacity of the participant. For PC provided in a Residential Care Facility (RCF) or Assisted Living Facility (ALF), see [Policy 3.20](#).

- ◆ Authorization of PC 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 (see [Policy 2.00](#));
 - Participants who are eligible for Medicaid on a spenddown basis may be authorized to receive PC during periods when 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 PC.
 - Participants in a 'Transfer of Property penalty' may be authorized for PC.
 - Authorization of PC does **not** meet the requirements for an individual to be eligible for Home and Community Based (HCB) Medicaid.
 - Have an appropriate Medicaid Eligibility (ME) code (see Chapter 2, [Appendix 3](#)); and
 - Meet nursing facility level of care.
- ◆ PC shall be authorized in 15 minute units.
- ◆ PC units authorized shall be consistent with the PC tasks to be completed on a **regular** basis.
- ◆ The amount of PC tasks identified shall be reasonable for the amount of PC units authorized.
- ◆ PC shall be included in the overall cost of care for the participant (see [Appendix 2](#)).
 - Authorized PC services shall not exceed 60% of the average statewide monthly cost for care in a nursing facility; including when authorized in combination with any other Home and Community Based Service (HCBS).

NOTE: The cost of RN visits are not included in the 60% of the average statewide monthly cost for care in a nursing facility restriction for basic personal care.

The combination of agency model PC and Consumer Directed Services (CDS) shall not exceed 60% of the average monthly cost for care in a nursing facility, regardless of any other services authorized. PC authorized together with other Medicaid State Plan HCBS and Aged and Disabled Waiver (ADW) services shall not exceed 100% of the average statewide monthly cost for care in a nursing facility, without prior approval of the Bureau of Long Term Services and Supports (BLTSS).

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.

- When the combination of State Plan and ADW services exceed the 100% cost maximum:
 - The appropriate supervisor for the Division of Senior and Disability Services (DSDS) staff shall review all person centered care plan (PCCP) requests over the 100% cost cap to ensure the participant's unmet needs require the amount of service requested.
 - If documentation supports the request, the case shall be forwarded to BLTSS for consideration and approval prior to authorization over 100% of the cost cap.
 - Pending the approval from BLTSS to exceed the cost cap, PC services in combination with other State Plan or ADW services can be authorized up to 100% of the cost cap.

NOTE: When a PCCP includes Adult Day Care authorized through the ADW or the Adult Day Care Waiver (ADCW), the total cost of care **cannot** exceed 100% of the cost cap.

- Pursuant to federal guidelines, a participant can only be enrolled in one Home and Community Based Waiver at a time, regardless of who is administering the Waiver program.
- ◆ PC is provided by HCBS providers - enrolled as a Personal Care-Agency Model provider with the Department of Social Services (DSS), Missouri Medicaid Audit and Compliance Unit (MMAC). Payment is made to the HCBS provider on behalf of the participant.
- ◆ The individual providing the service is an employee of the HCBS provider and cannot be a member of the immediate family of the participant. An immediate family member is defined as a parent; sibling; child by blood, adoption, or marriage (step-child); spouse; grandparent or grandchild.
- ◆ Restrictions:
 - Participants authorized for certain services through the Department of Mental Health (DMH) may not be eligible for services as outlined in this policy. Staff shall refer to the Service Coordination Policy for guidance on coordination of services for participants authorized for DMH services (See [Policy 4.35](#)).
- ◆ PC services may include any of the following tasks:

NOTE: Suggested times and frequencies have been developed with the care needs of an average or typical participant in mind. In the development of the (PCCP) consideration shall be given regarding the size of the home, geographic location, specific participant limitations, formal and informal supports, and other factors that might affect the amount of time necessary to complete required tasks.

 - Dietary: Assistance with meal preparation and cleanup and assistance with eating/feeding. Consideration shall also be given to the participant's ability to prepare a light meal such as

sandwiches, soups, and salads and/or the availability of home-delivered meals. (Suggested time 10-60 minutes – Suggested frequency 1-7 x/week)

- Dressing/Grooming: Assistance with dressing and grooming including help with dressing and undressing, combing hair, nail care, oral hygiene and denture care, and shaving. (Suggested time 15 minutes – Suggested frequency 1-7 x/week)
- Bathing: Assistance with bathing, including shampooing hair. (Suggested time 30-45 minutes – Suggested frequency 1-7 x/week)
- Toileting/Continence: Assistance in going to the bathroom and changing bed linen. May also include the changing of bed linens for participants with medically related limitations that prohibit the completion of this task. Mobility and transfer to the bathroom should be included and delivered as needed. (Suggested time 5-10 minutes – Suggested frequency as needed)
- Mobility/Transfer: Assistance with transfer and ambulation when the participant can at least partially bear their own weight. Actual lifting of the participant is not an appropriate task. (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 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 personal care 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: Includes the tasks outlined under Homemaker services (see [Policy 3.45](#)).

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