



AETNA BETTER HEALTH®

d/b/a Aetna Better Health of Louisiana

Policy

Policy Name:	Personal Care Services- Behavioral Health	Page:	1 of 4
Department:	Medical Management	Policy Number:	7000.84
Subsection:	Prior Authorization	Effective Date:	02/21/2022
Applies to:	■ Medicaid Health Plans		

PURPOSE:

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

STATEMENT OF OBJECTIVE:

Objectives of the PCS prior authorization process are to:

- Define PCS services
- Ensure the hierarchy of medical necessity criteria for PCS is utilized appropriately
- Establish procedures for reviewing and rendering determinations for PCS prior authorization requests

LEGAL/CONTRACT REFERENCE:

The PCS prior authorization process is governed by:

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work,
- Applicable federal and state laws, regulations and directives
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, revised 04/05/22

FOCUS/DISPOSITION:

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;



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- 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
- 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.

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



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Prior Authorization of Personal Care Services (PCS)

PCS requires prior authorization. Providers must submit sufficient documentation to determine medical necessity. Failure to do so may result in a partial or complete denial of coverage for services. Requests for 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.

Medical Necessity Criteria

Aetna Better Health members who meet medical necessity criteria may receive 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 in a Medicaid-funded program which offers a personal care service or related benefit or receiving 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.

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



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Aetna Better Health

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Review/Revision History	
02/2022	New Policy
02/2023	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.