

# Considerations When Ordering Personal Care Services for New York State Medicaid Members

In our ongoing effort to ensure quality of care, MVP Health Care<sup>®</sup> (MVP) encourages health care providers to be knowledgeable about the appropriate clinical indications for Personal Care Services (PCS).

## Important Considerations Related to New York State Medicaid Personal Care Services

PCS represent the fourth leading category of national health expenditures in 2017, costing the health care system \$183.1 billion. PCS expenditures continue to rise each year, both nationally and in New York State.

Increased scrutiny around PCS prescribing can help ensure that the appropriate patients have access to this necessary assistance and support, while reducing the risk of overutilization.

## Personal Care Services Defined

PCS are a range of human assistance services intended to provide patients with disabilities and chronic conditions assistance with activities of daily living, such as:

- Personal hygiene
- Dressing
- Feeding
- Environmental support

The goal of PCS is to allow the patient to remain in their own home.

PCS do not include skilled nursing or home nursing services, such as wound care.

PCS must be ordered by a licensed physician and supported by medical necessity with a diagnosis of a chronic disability or chronic condition.

## Ensuring Appropriateness

The services provided **must be essential** to the maintenance of the patient's health and safety in their own home. The patient must have a stable medical condition which is not expected to exhibit sudden deterioration or improvement, and one that does not require frequent medical or nursing judgment to determine changes in the member's plan of care.

## Common Patient Limitations Benefiting from PCS

Persistent limitations in:

- Range of motion, including but not limited to, the presence of contractures
- Ability to transfer from one stationary position to another
- Ability to toilet
- Bathing
- Feeding/eating
- Dressing
- Housekeeping, shopping, and/or meal preparation

## Additional Information

For additional information, visit [health.ny.gov](http://health.ny.gov) and search for *Personal Care Services Program*.

For questions or concerns specific to individual patients, please contact the MVP Personal Care Services group at [pcscommunication@mvphealthcare.com](mailto:pcscommunication@mvphealthcare.com), or **914-631-1611** ext. 63711.

See other side for Clinical Cases  
and a Checklist for Considerations  
when ordering PCS.



## Clinical Case Examples

### Case 1

Sanjay has expressed a continuing need for PCS to assist him with some personal care, household chores, laundry, and shopping. Sanjay transfers and ambulates independently. He is able to walk short distances on his own and uses a walker for longer distances. He owns and drives his own vehicle but states he has not driven his car since October 2009. Sanjay says he drives when he has to for appointments and shopping. He is morbidly obese. He continues to suffer from poor circulation in both of his legs and ankles. He no longer receives VNA CHHA for nursing and wound care as open wounds to the front and back of left calf have healed. Sanjay says he takes weekly sponge baths instead of baths or showers as he is unable to get into the tub. He sleeps on a single bed in the area that once served as the dining room. Sanjay has no surviving immediate family members. His mother passed away in 2006 and his one brother passed away in 1996. The home is in his mother's name. Sanjay says he spends much of his time at home. He did provide names of nearby neighbors who check in on him from time to time and who will bring him food, and maybe do some odd jobs around the home for him such as mowing his yard and shoveling his walk. Sanjay says he is independent with some of his personal care, meal prep, some household chores, and with managing finances and personal business. His SSI payments are mailed directly to him monthly and he pays his bills with money orders. Case manager and Sanjay are in agreement with continuing same Personal Care Assessment of six hours per week at three days per week, two hours per day.

### Case 2

Peter is a 72-year-old male who lives alone. His history includes bilateral lower extremity edema, cellulitis of lower extremities, hypertension, venous stasis, renal insufficiency, hypercholesterolemia, and obesity. He is awake, alert, and oriented to person, place, and time, and is self-directing. He ambulates and transfers independently with a walker. Skin is intact. He is incontinent of bladder and bowel at times. No issues are noted with regards to chewing or swallowing. Appetite is fair, but states his appetite is not what it used to be. He is very intent on healthy eating and is eager to stop eating high sodium foods, but struggles with implementing healthy eating on a consistent basis. He is morbidly obese. Peter senses within normal limits with glasses for reading. He sleeps on a hospital bed which is easier for him to transfer into. Peter has his own car which he only drives in the summer. He does his own grocery shopping and laundry, takes his medications, and gets to and from doctor appointments. However, due to his weakness and limited physical abilities, personal care is recommended at six hours a week to help with household chores and washing his lower extremities.

## Checklist of Considerations When Ordering PCS

- ✓ Have all alternative arrangements for meeting the consumer's medical needs been explored?  
Alternative services include: Shared Aide, Adult Day Health Program, Enriched Housing program, Assisted Living program, Long Term Home Health Care program, and Hospice.
- ✓ Would the patient benefit from specialized medical equipment (such as bedside or chair-side commode, electric lift chair, insulin pens) as an alternative to PCS?
- ✓ Can the patient's health and safety be maintained in their home?
- ✓ Is the patient at home and expected to remain at home (i.e., not in a facility such as hospital, nursing home, intermediate care facility, or institution for mental disease)?
- ✓ Is the patient expected to recover or have a status change in less than six months? If so, services may only be needed for a limited time frame and should be ordered accordingly.