Personal Care Services (PCS): Know When and How to Refer

Primary care practitioners, attending physicians, specialists, hospitals, and nursing facilities play an important role in identifying members who may benefit from Personal Care Services (PCS). PCS provides hands-on help to qualifying members whose medical condition, disability, or cognitive impairment leaves them with unmet needs in activities of daily living (ADLs). Under NC Medicaid Clinical Coverage Policy 3L, the five qualifying ADLs are bathing, dressing, mobility, toileting, and eating.

When Should You Consider a PCS Referral?

Consider a referral when a member's medical, physical, or cognitive condition results in an unmet need for hands-on assistance and the member meets at least one of the following functional thresholds:

- **Three of the five qualifying ADLs** requiring limited hands-on assistance
- **Two qualifying ADLs**, with at least one requiring extensive assistance
- **Two qualifying ADLs**, with at least one requiring assistance at the full dependence level

NOTE: Consider function, not diagnosis alone. The medical condition or impairment must be linked to the functional limitation requiring PCS. A referral initiates the assessment process and does not, by itself, establish eligibility or the number of PCS hours that may be authorized.

How to Refer

Step 1: Complete the Personal Care Services Request "3051" Form.

- The referring practitioner should provide the medical diagnosis and related clinical information that results in the member's unmet need for PCS assistance, the applicable diagnosis code, and the required signed and dated medical-necessity attestation. 3L permits referral signatures from a physician, nurse practitioner, or physician assistant.
- For timely processing:
  - Complete Steps 1, 2, 3 and 5, including the provider practice stamp.
  - Complete Step 4 when additional information regarding higher-level needs should be considered.
  - For members already receiving PCS who have experienced a change that may warrant an increase in services, complete Step 6.

Step 2: Fax completed referrals to Carolina Complete Health: **833-706-0238**

- Once a completed referral is received, Care Management coordinates outreach to the member and conducts the PCS assessment.

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Important Reminders: Know What PCS Does and Does Not Cover

Instrumental Activities of Daily Living (IADLs) needs alone do not establish PCS eligibility

- Assistance with home-management IADLs may be covered when the activities are directly related to the members' qualifying ADLs and are essential to the member's care at home. 3L specifically excludes IADLs in the absence of associated ADLs.

Companion Care, Supervision and Surgical Support

- PCS should not be used as a substitute for **companion or sitter services**. NC Medicaid specifically excludes companion sitting or leisure activities and, except when approved under EPSDT, ongoing supervision or monitoring.
- Providers should not refer for PCS solely to provide transportation or companionship to a surgical appointment or short-term observation/monitoring following a procedure. The policy excludes transportation and companion sitting from PCS and generally does not cover ongoing supervision or monitoring except under applicable EPSDT provisions.
- When another individual is needed to accompany or support a member before or following a procedure, providers should work with the member and family to identify an appropriate support person.
- If a hospitalization, surgery, or other change in medical condition results in a **new or increased ongoing need for assistance with qualifying ADLs**, however, a PCS assessment or Change of Status review may be appropriate. Policy 3L provides for a medical Change of Status when a change in the member's medical condition affects their ADLs.

Consider Available Caregiver Support

- PCS eligibility and service-level determinations also consider the availability, willingness, and ability of family members and other informal caregivers to provide needed ADL assistance. Policy 3L specifies that PCS is covered when no family, household member, or other informal caregiver is available, willing, and able to provide the authorized services during the periods when PCS would be provided.

Transportation Is a Separate Benefit

- PCS **does not cover transportation being provided by agency**.
- When transportation is the barrier, Carolina Complete Health members may have access to Non-Emergency Medical Transportation (NEMT) for Medicaid-covered care, including medical, dental, vision and behavioral health appointments, as well as prescription pick-up following PCP appointments.
- Members may contact MTM at 1-844-784-8931 to arrange transportation. Routine transportation should be scheduled at least two business days before the appointment and no more than 30 days in advance. Additional transportation support is also available to eligible members through Carolina Complete Health's Supplemental Transportation Value-Added Service.
- Learn more about Carolina Complete Health Transportation Service

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Planning a Hospital or Nursing Facility Discharge?

PCS has an expedited assessment pathway for qualifying members transitioning from certain inpatient settings.

- Under **3L**, the expedited process includes medically stable members who are in the process of discharge following a qualifying hospital stay or discharge from a skilled nursing facility. The expedited process must be requested by an eligible discharge planner or other individual identified in the policy.
- For questions about expedited PCS assessment needs, contact **Carolina Complete Health at 833-552-3876** and request to speak with Transitional Case Management.

Provider Takeaway

Consider function, not diagnosis alone. When a member's medical condition, disability, or cognitive impairment results in an ongoing need for hands-on assistance with **bathing, dressing, mobility, toileting, or eating**, consider a PCS referral. PCS is not intended to replace transportation, companion/sitter services, or routine post-procedure supervision.

Pediatric Reminders for PCS Referrals:

Question: I have a child that is not toilet trained at an age milestone that seems clinically appropriate. Are personal care services needed?

Answer: A child being unable to independently toilet does not, by itself, establish eligibility for Personal Care Services. PCS considers whether a child's medical condition, disability, or cognitive impairment results in functional assistance needs beyond those ordinarily expected for a child of the same chronological age. Age-appropriate care and parental responsibilities are not considered qualifying PCS needs. Providers should consider the child's overall functional status and qualifying ADL needs when determining whether a PCS referral may be appropriate. EPSDT requirements may apply for Medicaid beneficiaries under age 21.

Depending on the child's underlying need potentially helpful referrals could include:

- Occupational Therapy
- Behavioral/Developmental Services
- Developmental Pediatrics
- Children's Developmental Services Agency (under 3 years of age)
- Pediatric Gastroenterology
- Pediatric Urology

Question: When should you consider a referral for CAP/C over just a PCS referral for evaluation to the plan?

Answer: When making these decisions please think big picture. Please be aware if a referral for PCS is placed and with our face-to-face visit there are thoughts a CAP/C referral would be beneficial the CM will contact the referring provider office for collaboration on referral submission.

- Primarily ADL/personal-care needs → **think PCS**
- Medically fragile/medically complex + potential institutional level of care + need for broader HCBS waiver supports → **think CAP/C**

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When to consider PCS

Consider Personal Care Services (PCS) when the primary issue is an ongoing need for hands-on assistance with qualifying ADLs such as bathing, dressing, toileting, eating, and mobility, and the child's needs are beyond what would normally be expected for a child of the same chronological age. The 3L clinical policy sites that PCS is not intended to substitute for childcare or age-appropriate parental responsibilities.

- **Example**: 7-year-old child with a physical or cognitive impairment who requires substantial hands-on assistance with toileting, bathing and dressing may warrant evaluation for PCS rather than referring simply because the child is not toilet trained.

When to consider CAP/C

Consider **NC Medicaid Community Alternatives Program for Children (CAP/C)** when the child's needs are substantially more complex.

NC Medicaid describes CAP/C as an HCBS waiver for **medically fragile and medically complex children ages 0 through 20** who require an **institutional level of care** and need at least one CAP/C home and community-based service. Its purpose is to allow qualifying children who would otherwise be at risk for institutionalization to remain in a home and community setting.

CAP/C provides access to a broader array of supports than personal care alone, including services such as:

- CAP/C in-home aide services for ADLs and IADLs
- Care coordination
- Assistive technology
- Attendant nurse care for qualifying complex skilled-nursing needs
- Community transition services
- Coordinated caregiving
- Respite care and certain other supports are also identified by NC Medicaid as CAP/C services.

Resources

- Personal Care Services Provider Resource Page
- PCS Provider Guide
- PCS Information Session
- PCS Q&A

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