



Pediatric Personal Care Benefit

Member Frequently Asked Questions | Fall 2015

What is the Pediatric Personal Care Benefit?

The Pediatric Personal Care Benefit helps Colorado Medicaid (Medicaid) members from birth through 20 years old with medically necessary, in-home, non-medical support with daily living activities, such as bathing, dressing, meal preparation, and toileting.

What does this benefit cover?

The Pediatric Personal Care benefit covers in-home support services that do not require a service provider to have medical certification or a professional license to provide safely. Personal Care services may take different forms, such as completing a task for someone, supervising someone to ensure a task is performed safely, showing someone how to complete a task, or reminding or cueing someone to complete a task. There are 17 Personal Care tasks. Members who qualify for the benefit can receive support with any of these 17 tasks.

Who qualifies for the Pediatric Personal Care Benefit?

These services are a benefit for Medicaid members who meet all three of the following requirements:

- Are 20 years old or younger
- Meet the guidelines outlined in the Personal Care Assessment Tool ([PCAT](#))
- Have medical need for moderate to total help in at least three of the 17 Personal Care tasks. (Note: requests for personal care for one or two tasks will also be evaluated.)

What are the 17 Personal Care Tasks?

The following tasks are covered by this benefit:

1. Ambulation/Locomotion
2. Bathing/Showering
3. Dressing
4. Feeding
5. Hygiene – Hair Care/Grooming
6. Hygiene – Mouth Care
7. Hygiene – Nail Care
8. Hygiene – Shaving



9. Hygiene – Skin Care
10. Meal Preparation
11. Medication Reminders
12. Mobility – Positioning
13. Mobility – Transfer
14. Toileting – Bladder Care
15. Toileting – Bowel Care
16. Toileting – Bowel Program
17. Toileting – Catheter Care

What is the difference between skilled care services and personal care services?

Skilled care services are in-home medical services are provided to treat a medical condition. They must be provided by a certified nursing assistant (CNA) or registered or licensed nurse. The [Home Health Benefit](#) offers skilled care services to members with a medical need for them.

Personal care services do not treat a medical condition. Instead, they support members who need non-medical help with daily living tasks. These non-medical services can be provided by someone without a CNA or nursing license or certification.

The Personal Care Assessment Tool (PCAT) lists the differences between personal care and skilled care for each personal care task to make it easier for families to understand which care is right for each task. Please see “What is the Personal Care Assessment Tool (PCAT)” below for more information.

For more information about about Home Health services, please see the [Home Health Benefit web page](#) or the [Pediatric Assessment Tool FAQs](#).

My child is getting skilled care services through the Home Health Benefit. How will this new benefit affect his or her services?

Your child’s Home Health services **will not** change. Your child may qualify for additional services through this benefit. To qualify for personal care services, a Medicaid member needs to meet the three requirements listed above. See “Who qualifies for Pediatric Personal Care Services?” for more information on who may qualify.

Some home health agencies offer personal care services, and some do not. This means a Medicaid member who qualifies for **both** home health and personal care services may receive services from two different providers.



Both Home Health and Personal Care benefits provide services for defined tasks. If your child is receiving skilled care for a task through the Home Health Benefit, your child will **not** receive personal care for that same task. If any part of a task requires the skills of a CNA or registered or license nurse, the whole task will be considered a skilled care task, covered by the Home Health Benefit. Please see “What are the 17 Personal Care Tasks” above for more information about which tasks are covered by the Personal Care benefit.

My child is getting services through one of Colorado’s Home and Community-Based Services (HCBS) waiver. How will this new benefit affect his or her services?

Most of the personal care services your child gets through the waiver will be available through the Personal Care Benefit. This means that your child may have more flexibility within his or her service plan to add other needed waiver services.

If you currently get personal care services through a waiver, you will need to access those services through the Personal Care Benefit first. You are encouraged to work with your Case Manager to coordinate the transition of waiver personal care services to the new Personal Care Benefit. You don’t need to make this transition until your current service plan is up for renewal. You have the option of transitioning sooner if you want. Your Case Manager will help you with the transition in either case.

Members on the following waivers will need to transition from waiver personal care services to the Personal Care Benefit:

- Children on the Brain Injury (BI)
- Elderly, Blind and Disabled (EBD)
- Community Mental Health Supports (CMHS)
- Spinal Cord Injury (SCI)
- Supported Living Services (SLS)
- Waiver for Persons with Developmental Disabilities (DD)
- Children’s Extensive Support (CES)
- Children’s Rehabilitation Residential waiver (CHRP)
- Children with Autism (CWA)
- Children with Life Limiting Illness (CLLI)
- Children’s Home and Community Based Services (CHCBS)

If you need personal care services for tasks not covered by the Personal Care Benefit, you may still get those services through the standard waiver process. You should speak to your Case Manager for more information.

If you are currently on the CWA, CLLI, or CHCBS waiver program, which currently do not include any personal care services, you may now qualify to get these services



through the Personal Care Benefit. A personal care provider will need to complete an application for these services.

Children do **not qualify** for Pediatric Personal Care Benefit services if they are currently getting services through any of these programs because personal care services are provided as a primary component of them:

- Consumer-Directed Attendant Support Services (CDASS)
- In-Home Support Services (IHSS)
- Home Care Allowance

See “How can my child start receiving the personal care services through this benefit?” for how to start the process of qualifying for services.

Our family receives a Home Care Allowance to cover personal care services for my child. Can we also get Medicaid personal care services?

No. Medicaid members can enroll in only **one** of these two programs: the Home Care Allowance program, which is managed by each county's [Department of Human or Social Services](#), or the [Pediatric Personal Care Benefit](#).

How can I find a personal care provider?

You can find a personal care provider through home care agencies that offer personal care services. There are 61 home care agencies in Colorado that provide personal care services. You can [find a list of these agencies on the Department website](#). If you don't have access to the Internet, please contact the Home Health Line at (303) 866-3447, and staff will call you back and help you.

I cannot find a personal care provider to work with my child. What can I do?

There is at least one personal care agency operating in every county of Colorado. If you have called all the agencies that are in your region and are having trouble finding a personal care provider to work with your child, please call the Home Health Line at (303) 866-3447 or email HomeHealth@state.co.us. Medicaid staff will return your call within one business day and offer you one-on-one support. If personal care is medically necessary for your child, staff at the Medicaid program will make sure you will get the care that you need.

What are the qualifications of personal care providers?

Personal care workers are staff that meet the following qualifications:

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1. Have verified experience and training for providing personal care services
2. Employed by a licensed home care agency
3. Are 18 years of age or older

Home care agencies are responsible for hiring and supervising experienced personal care workers. While there is no certification for personal care workers, their home care agency employers are licensed by the Colorado Department of Public Health and Environment (CDPHE). Home care agencies have to meet many requirements to earn their license. CDPHE monitors all home care agencies to ensure that they are providing the best possible care to their clients.

Can I provide personal care services to my child?

No. The federal Centers for Medicare and Medicaid Services (CMS) set rules about who can provide personal care services. According to the federal rules, an adult who is legally responsible for a child is not allowed to get paid by Medicaid for providing personal care services for that child. This means legal guardians, parents, and spouses cannot be reimbursed for providing personal care services to their own children or spouses.

How can my child start getting personal care services through this benefit?

If you need personal care, you can start by talking to any one of these people:

- Your physician
- A local home care agency that offers personal care
- Your case manager or care coordinator, if you have one
- The Colorado Medicaid Home Health phone number, (303) 866-3447, or email, homehealth@state.co.us. Someone will return your message in one business day.

Your physician, case manager, or personal care agency will be able to start the process for requesting personal care. Your doctor and personal care provider will need to complete two required documents:

1. Personal Care Assessment Tool (PCAT). The PCAT needs to be **completed by your personal care provider**.
2. 485 Home Health Certification and Plan of Care form (or another form with the same content) (Plan of Care). The Plan of Care form needs to be **completed by your child's doctor**.

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The Plan of Care form must order in-home personal care services and describe in detail what services are medically necessary and how often they are needed.

The personal care provider must get the Plan of Care form from your doctor, because the personal care provider is the one responsible for making the request for services.

Once these two documents are completed, the personal care provider must submit them online in a Prior Authorization Request (PAR). The PAR process verifies that personal care services are medically necessary and right for your child. All personal care services must be requested through this process.

If Colorado Medicaid's PAR vendor approves your PAR, you can then work with your personal care provider to start getting services. Each approved PAR is valid for up to one year. If your child needs personal care services for the next year, your personal care provider must submit a new PAR, with a new Plan of Care from your doctor and a new PCAT.

What is the Personal Care Assessment Tool (PCAT)?

The Personal Care Assessment Tool is a way to consistently evaluate a child's need for personal care services. The PCAT assesses the medical need for personal care support for each of the 17 Personal Care Tasks. See "What are the 17 Personal Care Tasks?" for more information. This tool assigns an amount of time per day that a personal care provider can give your child needed services. There is also space in the PCAT for your family to include information about a child's need for personal care services. Note: although you can participate in completing the PCAT, your personal care provider will be the person to submit the document for the PAR process.

The PCAT is not the only document evaluated to determine the amount of personal care that a child or youth is eligible to receive. The Colorado Medicaid third-party vendor will also look at your Plan of Care and any additional documents that your personal care provider submits.

The [Personal Care Assessment Tool](#) is available on the Department's website.

What is a 485 Home Health Certification and Plan of Care?

The 485 Home Health Certification and Plan of Care (Plan of Care) is a form that allows doctors to document in detail the kinds of in-home health services that their patients need and how often they need each service. This form is required for families who are applying for the Personal Care Benefit as well as the [Home Health Benefit](#). The same Plan of Care form may be used for requesting both personal care services and home health benefits, as long as the form states the need for both of those services. Many



providers use an electronic version of this form that has includes the same content. As long as all elements of the 485 are included, the Plan of Care will be accepted.

How can I know if personal care services are “medically necessary” for my child?

Your doctor will be able to tell you if your child’s diagnosis, condition, or symptoms make personal care medically necessary for your child’s day-to-day life.

I believe that my completed PCAT did not give my child enough personal care time. What do I do?

If the completed Personal Care Assessment Tool (PCAT) assesses a lower need for personal care services than you believe your child needs, you may use the designated space in the PCAT to request more personal care time. Be sure your Plan of Care adequately shows the medical need for more time. If it doesn’t, include extra documentation that shows the need for more personal care time. Your personal care provider will be responsible for entering your information and documents in the PAR request.

My Prior Authorization Request for personal care services was denied, but I feel that my child needs these services. What can I do?

Before denying a Prior Authorization Request (PAR), the doctor who requested the PAR will be contacted to discuss your PAR over the phone in a process called a Peer-To-Peer review. If the Peer-To-Peer review still results in a denied PAR, you can work with your doctor on these two options:

- **PAR Reconsideration:** A PAR Reconsideration is similar to a second opinion and must be requested by your personal care provider. A doctor, who is different from the one who made the first PAR denial, will re-review the PAR along with the new information and make a final PAR decision. Additional documents not submitted with the original request may be submitted during the Reconsideration process.
- Submit a new PAR that includes additional medical information needed for the PAR review.

You also have the option to:

- Submit a written request for an appeal to the Office of Administrative Courts. For more information, please see “My Prior Authorization Request was Denied and I want to appeal the decision. How do I appeal the PAR decision?”

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My Prior Authorization Request was denied and I want to appeal the decision. How do I appeal the PAR decision?

If you think the PAR decision is wrong, you have a right to appeal and ask for a hearing. You may have an appeal hearing with an Administrative Law Judge. You may represent yourself, or have a lawyer, a relative, a friend or other spokesperson assist you as your authorized representative.

How to Appeal:

1. You must request an appeal in writing. This is called a Letter of Appeal.
2. Your Letter of Appeal must include:
 - a. Your name, address, phone number and Medicaid number;
 - b. Why you want a hearing; and
 - c. A copy of the front page of the notice of action you are appealing.
3. You may ask for a telephone hearing rather than appear in person.
4. Mail or fax your letter of appeals to:

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Fax 303-866-5909

5. Your letter of appeal must be received by the Office of Administrative Courts no later than thirty (30) calendar days from the date of your notice of action (your denial letter). The date of the notice of action is located on the front of your denial letter.
6. The Office of Administrative Courts will contact you by mail with the date, time, and place for your hearing with the Administrative Law Judge.

Continued Benefits: To continue receiving the denied services listed on your notice of action, you must file your request for a hearing in writing before the effective date on the front of the notice of action. You may continue receiving services while you are waiting for a decision on your appeal. If you lose your appeal, you must pay back the cost of the service you received during the appeal. If you win your appeal, the State will pay your provider for the service(s) you received during your appeal process. Your provider is responsible for reimbursing you for the amount you paid them during your appeal.



If you have questions about this process, please call Customer Service: 1-800-221-3943. Se habla español.

Discrimination: If you believe that you have been discriminated against because of race, color, sex, age, religion, national origin or disability, you have the right to file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, 999 18th Street, Suite 417, Denver, CO 80202. If you have any questions, or need help to file your complaint, call OCR toll-free at 1-800-368-1019 (voice) or 1-800-537-7697 (TDD). You may also send an email to OCRcomplaint@hhs.gov.

Statement of penalties: If you make a willfully false statement or representation, or use other fraudulent methods to obtain public assistance or medical assistance you are not entitled to, you could be prosecuted for theft under state and/or federal law. If you are convicted by a court of fraudulently obtaining such assistance, you could be subject to a fine and/or imprisonment for theft.

How can I talk to someone directly about the Pediatric Personal Care Benefit?

Send your Pediatric Personal Care Benefit questions to HomeHealth@state.co.us or call 303-866-3447. A Department staff member will respond to you within one business day.

