

|-&gt;

Title 22@ Social Security

|-&gt;

Division 3@ Health Care Services

|-&gt;

Subdivision 1@ California Medical Assistance Program

|-&gt;

Chapter 3@ Health Care Services

|-&gt;

Article 4@ Scope and Duration of Benefits

|-&gt;

Section 51350@ Personal Care Services

## **51350 Personal Care Services**

### **(a)**

Personal care services as specified in section 51183 are provided when authorized by the staff of a designated county department based on the state approved Uniformity Assessment tool. To the extent not inconsistent with statutes and regulations governing the Medi-Cal program, the needs assessment process shall be governed by the Department of Social Services' Manual of Policies and Procedures Sections 30-760, 30-761, and 30-763.

### **(b)**

Personal care services may be provided only to a categorically needy beneficiary as defined in Welfare and Institutions Code, Section 14050.1, who has a chronic, disabling condition that causes functional impairment that is expected to last at least 12 consecutive months or that is expected to result in death within 12 months and who is unable to remain safely at home without the services. The services shall be provided in the beneficiary's home or other locations as may be authorized by the Director subject to federal approval. Personal care services authorized shall not exceed 283 hours in a calendar month.

### **(c)**

Personal care services will be prescribed by a physician. The beneficiary's medical necessity for personal care shall be certified by a licensed physician. Physician certification shall be done annually.

**(d)**

Registered nurse supervision consists of review of the service plan and provision of supportive intervention. The nurse shall review each case record at least every twelve months. The nurse shall make home visits to evaluate the beneficiary's condition and the effectiveness of personal care services based on review of the case record or whenever determined as necessary by staff of a designated county department. If appropriate, the nurse shall arrange for medical follow-up. All nurse supervision activities shall be documented and signed in the case record of the beneficiary.

**(e)**

Paramedical services when included in the personal care plan of treatment must be ordered by a licensed health care professional lawfully authorized by the State. The order shall include a statement of informed consent saying that the beneficiary has been informed of the potential risks arising from receipt of such services. The statement of informed consent shall be signed and dated by the beneficiary, the personal representative of the beneficiary, or in the case of a minor, the legal parent or guardian.

**(f)**

Grooming shall exclude cutting with scissors or clipping toenails.

**(g)**

Menstrual care is limited to external application of sanitary napkin and cleaning. Catheter insertion, ostomy irrigation and bowel program are not bowel or bladder care but paramedical.

**(h)**

Repositioning, transfer skin care, and range of motion exercises have the following limitations:(1) Includes moving from one sitting or lying position to another sitting

or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or rubbing skin and repositioning to promote circulation and prevent skin breakdown. However, if decubiti have developed, the need for skin and wound care is a paramedical service. (2) Range of motion exercises shall be limited to the general supervision of exercises which have been taught to the beneficiary by a licensed therapist or other health care professional to restore mobility restricted because of the injury, disuse or disease. Range of motion exercises shall be limited to maintenance therapy when the specialized knowledge or judgment of a qualified therapist is not required and the exercises are consistent with the beneficiary's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs. i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.

**(1)**

Includes moving from one sitting or lying position to another sitting or lying position; e.g., from bed to or from a wheelchair, or sofa, coming to a standing position and/or rubbing skin and repositioning to promote circulation and prevent skin breakdown. However, if decubiti have developed, the need for skin and wound care is a paramedical service.

**(2)**

Range of motion exercises shall be limited to the general supervision of exercises which have been taught to the beneficiary by a licensed therapist or other health care professional to restore mobility restricted because of the injury, disuse or disease. Range of motion exercises shall be limited to maintenance therapy when the specialized knowledge or judgment of a qualified therapist is not required and the

exercises are consistent with the beneficiary's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs. i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.