

## CA SPA 15-021 CMS Same-Page Review Questions:

### Personal Care Services

(v.12/14/15)

#### A. Personal Care Services – Same Page Review Questions:

As part of CMS' review of CA SPA 15-021, School-Based Services, CMS performed a same-page review of Personal Care Services (PCS) since these services are referenced in the SPA. CMS has the following comments and questions that the state may answer as part of the SPA 15-021 review process. Alternatively, the state may choose to answer these questions separately under a companion letter.

##### 1. Technical Correction for Attachment 3.1-A and 3.1-B PCS Pre-Print Pages:

- a. The language provided for the PCS preprint pages should be revised to read “individuals with intellectual disabilities” instead of “mentally retarded.” Please revise the language so it is consistent with our regulations at 42 CFR 440.167(a). Please submit the revised pre-print pages.

##### 2. Technical Correction for Limitations to Att. 3.1-A and 3.1-B pages:

- a. **Limitations to Att. 3.1-A, page 30:** The limitations page for PCS, the item number is incorrect as “25” – it should be item “26” per its pre-print page. Please correct the numbering on the Limitations to Attachment 3.1-A, page 30, PCS. Please submit a revised SPA page.
- b. **Limitations to Att. 3.1-B, page 29:** The limitations page for PCS, the item number is incorrect as “26” – it should be item “25” per its PCS pre-print page. Please correct the numbering on the Limitations to Attachment 3.1-B, page 29, PCS. Please submit a revised SPA page.

##### 3. Sufficiency questions for Limitations to Attachment 3.1-A, page 30, item 26 and Limitations to Attachment 3.1-B, page 29, item 25. The PCS benefit limitations on these pages describe 283 capped hour limit per month that is set by the state. Please answer the following questions below.

- a. **Background:** What is the reason for the 283 capped hour limitation on PCS? If the reason for the limitation is duplication of services, abuse, or inappropriate utilization, please provide the evidence that supports this reasoning. What other approaches, initiatives or administrative processes has the state tried or considered to address this matter?

- b. **Purpose:** What is the clinical purpose of the PCS benefit and is that purpose achieved even with this limit?
- c. **Data Support:** With respect to this existing PCS limitation and using data within the last 12 months, what percentage of Medicaid beneficiaries utilized the maximum amount of the service? Please provide this information for the following eligibility groups:
1. Aged, Blind and Disabled
  2. Non-Dually Eligible Adults (for analyses of services for which Medicare would not be primary payer, otherwise the analysis would include dually-eligible individuals)
  3. Pregnant Women
  4. Parents/Caretakers /Other Non-Disabled Adults
  5. Adult expansion group, if applicable
- d. **Clinical Support:** If the data requested above is not available, or is not relevant to demonstrating the sufficiency of the limited benefit, please indicate support for this proposed scope of services through clinical literature or evidence-based practice guidelines, or describe the state's consultation with the provider community or other relevant stakeholders that resulted in an assurance that this proposed scope of services has meaningful clinical merit to achieve its intended purpose.
- e. **Exceptions:** Are there any exemptions to the PCS limitations? If so, how was this exemption determined to be appropriate? Does the state have a process for granting other exemptions if similar circumstances warrant? For example, if there is an exemption for individuals with one condition because their needs are greater, is there a process for other individuals with conditions that result in greater needs to request an exemption? Can additional services beyond the limit be provided based on a determination of medical necessity? Specifically, is there an exception or prior authorization process for beneficiaries that require services beyond the limitation?
- f. **Beneficiary Impact:** Please describe what will or is likely to occur to beneficiaries who will be impacted by this limitation. If the limit cannot be exceeded based on a determination of medical necessity:
1. How will those affected by the limitation obtain the medical services they need beyond the stated limits?
  2. Will beneficiaries be billed and expected to pay for any care that may not be covered? Or, instead will the provider or practitioner be expected to absorb the costs of the provided services?
  3. Will beneficiaries be reassessed to determine need for the service prior to the plan amendment's effective date?

4. If the beneficiary's covered services are being reduced, will the beneficiary be notified of their appeals rights per 42 CFR 431.206?
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- g. **Delivery System:** Does the limitation apply to services performed through managed care contracts, fee-for-service (FFS) or both? If applied in managed care, indicate whether or not the capitation rates are adjusted to reflect the change.
  - h. **Tracking:** How is the limitation tracked? Are both providers and beneficiaries informed in advance so they know they have reached the limit? Please summarize the process.