

Personal Care Services for Children HH-001

Iowa Medicaid Program	Prior Authorization	Effective Date	09/11/2009
Revision Number	6	Last Reviewed	04/18/2025
Reviewed By	Medicaid Medical Director	Next Review	04/17/2026
Approved By	Medicaid Clinical Advisory Committee	Approved Date	05/23/2018

Descriptive Narrative

Personal care services are services provided by a home health aide or certified nurse’s aide that are delegated and supervised by a registered nurse under the direction of the child’s physician. Services may be provided to a child in the child’s place of residence or outside the child’s residence when performing normal life activities. Some of the care must be provided in the child’s home.

Personal care services for children with special needs are covered for Medicaid members 20 years of age or younger when:

1. The services are medically necessary, **AND**
2. The service planning process has taken place, **AND**
3. Prior authorization is approved.

Criteria

Plans of care and requests for services are reviewed and points are assigned based on the Functional Needs Acuity Scoring Tool (FNAST) form # [470-4816](#) and the Social Needs Acuity Scoring Tool (SNAST) form #[470-4817](#). Points from each tool are added together and the total number of points is used to determine the number of home health aide hours to meet members’ need. See scoring guides on next pages.

- 0-4 points = 0 hours
- 5-9 points - intermittent services
- 10-29 points = up to 4 hours
- 30-54 points = up to 5 hours
- 55-69 points = up to 7 hours
- 70 points or more - subject to individual consideration

FNAST			
Activity	Assistance Needed	Frequency	Points
Bathing	Independent		0.00
	Assistance needed		2.00
	Dependent		3.00
Dressing	Independent		0.00
	Assistance needed		2.00
	Dependent		3.00
Toileting	Independent		0.00
	Assistance needed		2.00
	Dependent		3.00
Continence - bowel	Incontinent		2.00
	Continent		0.00
Continence - bladder	Incontinent		2.00
	Continent		0.00
Eating	Independent		0.00
	Assistance needed		2.00
	Dependent		3.00
Orthotics:	Upper Extremities	q 2hr	2.50
		q 4hr	2.00
		On/Off daily	1.00
	Lower Extremities	q 2hr	2.50
		q 4hr	2.00
		On/Off daily	1.00
Transfer assist	Minimum assist		1.00
	Maximum assist		2.00
Ambulation:	Independent		0.00
	Assistance needed		2.00
	Dependent		3.00
Medical Equipment (Describe misc. medical equipment)			
	Wheelchair		2.00
	Hospital Bed		2.00
	Hoyer Lift		2.00
	Misc.		2.00
ROM		> q 2hr	4.00
		q 2hr	3.00
		q 4hr	2.00
		< q 4hr	1.00
Aggressive			3.00
Restraints	Soft Restraints		2.00
	Other (specify)		2.00
Harm to self or others			3.00
Vision	Impaired		2.00
	Functional		0.00
Hearing	Impaired		2.00
	Functional		0.00
Communication	Impaired		2.00
	Functional		0.00

SNAST		
Measure	Range	Points
#Persons in household over the age of 18 (exclude patient).	4 or more	0.00
	3	0.50
	2	1.00
	1	1.50
#Persons in household under the age of 18 (exclude patient) If other child(ren) under the age of 18 require assistance with ADLs, do not allot points for this section - see below. **	More than 4	4.00
	3-4	3.00
	2	2.00
	1	1.00
#Persons in household under the age of 21 requiring assistance with ADLs outside normal developmental parameters (i.e., a 5 year-old would typically need some assistance) (exclude patient).	More than 4	6.00
	4	5.00
	3	4.00
	2	3.00
Does caregiver(s) work outside the home?	Yes	1.00
	No	0.00
Hours per day worked.	4	1.00
	6	2.00
	8	3.00
	10	4.00
	12	5.00
Does the caregiver(s) attend school outside the home?	Yes	1.00
	No	0.00
Hours per day caregiver(s) at school.	Less than 4	1.00
	4	1.50
	6	2.00
Days per week caregiver(s) at school/work.	Less than 5	1.00
	5 or more	2.00
Travel time required to work or school.	Less than 1 hour	1.00
	More than 1 hour	2.00
Documented back-up plan on file with agency.	Yes	0.00
	No	1.00
Are back-up caregiver(s) trained on all cares?	Yes	0.00
	No	1.00
Are back-up caregiver(s) capable of providing all cares?	Yes	0.00
	No	2.00
Expected time frame for training of back-up caregiver(s).	More than 12 hours	5.00
	10 – 12 hours	4.00
	8 – 9 hours	3.00
	6 – 7 hours	2.00
	4 – 5 hours	1.00
Does patient attend school?	Less than 4 hours	0.50
	Yes	1.00
Hours per day at school:	No	2.00
	Less than 4	1.00
	4	1.00
	6	0.50
Days per week at school:	8	0.50
	Less than 5	1.00
	5	0.50

Coding

The following list of codes is provided for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment, nor does the exclusion of a code imply that its association to the HCPCS code is inappropriate.

HCPCS	Description
S9122	Home health aide or certified nurse assistant, providing care in the home; per hour.

Compliance

1. Should conflict exist between this policy and applicable statute, the applicable statute shall supersede.
2. Federal and State law, as well as contract language, including definitions and specific contract provisions or exclusions, take precedence over medical policy and must be considered first in determining eligibility for coverage.
3. Medical technology is constantly evolving, and Iowa Medicaid reserves the right to review and update medical policy on an annual and as-needed basis.







Medical necessity guidelines have been developed for determining coverage for member benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in the service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. Criteria are revised and updated annually, or more frequently if new evidence becomes available that suggests needed revisions.

References

Virginia Medicaid Waiver Tool.

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Criteria Change History

Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
[mm/dd/yyyy]			[#]
Signature			
Change Date	Changed By	Description of Change	Version
04/18/2025	CAC	Annual review. Added form # links to criteria.	6
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/19/2024		Annual review.	5
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/21/2023		Annual review.	4
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/15/2022		Annual review.	3
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/16/2021	CAC	Annual review. Minor formatting changes.	2
Signature			
William (Bill) Jagiello, DO			
Change Date	Changed By	Description of Change	Version
04/17/2015	CAC	Changed points for subject to individual consideration from "100 points or more" to "70 points or more". Added last paragraph in References.	1
Signature			
C. David Smith, MD			

CAC = Medicaid Clinical Advisory Committee