

**Consumer Directed Attendant Care
 WPA-001**

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|-------------------------------|--------------------------------------|------------------------|-----------|
| Iowa Medicaid Program: | Waiver Prior Authorization | Effective Date: | 7/25/2011 |
| Revision Number: | 10 | Last Rev Date: | 4/19/2024 |
| Reviewed By: | Medicaid Medical Director | Next Rev Date: | 4/18/2025 |
| Approved By: | Medicaid Clinical Advisory Committee | Approved Date: | 6/22/2019 |

Criteria

Prior authorization is required.

Initial Services

1. Member is eligible for the Home and Community Based Services (HCBS), Health and Disability, Elderly, AIDS/HIV, Physical Disability, Intellectual Disability, or Brain Injury waiver; **AND**
2. Service activities performed by a person to help a member with self-care tasks which the member would typically do independently if the member were otherwise able; **AND**
3. Skilled service activities shall be under the supervision of a licensed nurse or licensed therapist working under the direction of a physician; **AND**
4. Services are essential to the health and welfare of the member; **AND**
5. Service plan and Consumer Directed Attendant Care (CDAC) agreement is directed at meeting the individual member needs; **AND**
6. Service plan is consistent with the diagnosis(es) and treatment of the member’s condition; **AND**
7. Service plan is in accordance with standards of good medical practice; **AND**
8. Service plan documents how services will meet the medical need of the member and for the reasons other than the convenience of the member or the member’s practitioner or caregiver; **AND**
9. The scope, frequency, and duration of services shall be indicated in the service plan and the approved and signed CDAC agreement. Only direct services are billable; **AND**
10. Services are the least costly type of service which would reasonably meet the medical need of the member; **AND**
11. CDAC services may not be simultaneously reimbursed with any other HCBS waiver services; **AND**
12. Providers of CDAC fulfill requirements outlined in Iowa Administrative Code (IAC) 77.30(7); **AND**
13. Submitted documentation includes:

- a. Comprehensive Person-Centered Service Plan for the member; **AND**
- b. SIS or InterRAI Assessment; **AND**
- c. List of all natural, waiver, and non-waiver support services. Natural supports may include, but are not limited to family, friends, or community resources; **AND**
- d. HCBS CDAC agreement; **AND**
- e. Supported community living plan of care, if applicable; **AND**
- f. Home health agency plan of care, if applicable.

Services Not Covered

Only direct services are billable. Services not covered under CDAC include, but are not limited to:

1. Services provided simultaneously with any similar service regardless of funding source.
2. Services provided simultaneously with in-home health-related care services.
3. Cost for the supervision of skilled services by the nurse or therapist.
4. Service activities including parenting or childcare for or on behalf of the member including, but not limited to basic childcare, taking a child to a playground, or taking a child to school.
5. Transportation costs.
6. The costs of food.
7. Reminders and cueing.
8. Companionship.
9. Any activity related to supervising a member. Only direct services are billable.
10. Services that are not documented in accordance with IAC 441-79.3 rules.
11. Any covered CDAC service not identified in the member's CDAC agreement Form #470-3372.
12. Wait time for any activity (e.g., physician visits, laundry cycle, dishwasher cycle time).
13. Deep cleaning and chore services, as defined in IAC 441-78.37.
14. All pet related services, including but not limited to feeding, walking, dropping removal, shopping for pet food/supplies, taking pet to veterinarian.
15. Moving and packing services.
16. Visiting, watching movies or television, and playing games.
17. Taking the member to visit relatives, casino, bars, or for salon services, including but not limited to manicure, pedicure, or massages.
18. Meal preparation, housekeeping, shopping, or other activities that are completed for the benefit of people other than the member.
19. Non-essential shopping, including, but not limited to Christmas, birthday, and window shopping.
20. Dining out at restaurants or take-out food brought to member.
21. Transportation time related to non-allowable activities.
22. Activities the member is able to perform.

Continued Services

1. Initial service criteria are met; **AND**
2. Necessity for service and service intensity must be independently met for continued services regardless of past history of service approval; **AND**
3. Submitted documentation includes:
 - a. Comprehensive person-centered service plan for the member; **AND**
 - b. SIS or InterRAI; **AND**
 - c. List of all natural, waiver, and non-waiver support services. Natural supports may include but are not limited to family, friends, or community resources; **AND**
 - d. HCBS CDAC agreement; **AND**
 - e. Supported community living plan of care, if applicable; **AND**
 - f. Home health agency plan of care, if applicable.

Coding

NA

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

IAC 441-78.34(7).

IAC 441-78.37(15).

IAC 441-78.38 (8).

IAC 441-78.41(8).


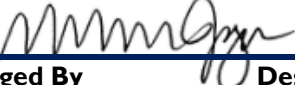


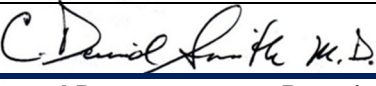

IAC 441-78.43(13).

IAC 441-78.46(1).

IAC 441-77.30 (7).

Iowa Medicaid Provider Manual.

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 |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| Signature | | | |
| Change Date | Changed By | Description of Change | Version |
| 4/19/2024 | CAC | Annual review. | 10 |
| Signature William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 4/21/2023 | CAC | Annual review. | 9 |
| Signature William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 4/15/2022 | CAC | Annual review. | 8 |
| Signature William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 4/16/2021 | CAC | Annual review. Minor formatting changes. | 7 |
| Signature William (Bill) Jagiello, DO  | | | |
| Change Date | Changed By | Description of Change | Version |
| 4/20/18 | CAC | Added criterion #12 | 6 |
| Signature C. David Smith, MD  | | | |
| Change Date | Changed By | Description of Change | Version |
| 8/4/2015 | Policy | Added "v" under services not covered. | 5 |
| Signature Jason Kessler, MD  | | | |

Criteria Change History (continued)

| Change Date | Changed By | Description of Change | Version |
|--------------------|-------------------|--|----------------|
| 4/17/2015 | CAC | Combined two items under services not covered. Added last paragraph in References. | 4 |

Signature

| Change Date | Changed By | Description of Change | Version |
|--------------------|-------------------|--|----------------|
| 4/18/2014 | Medical Director | Criterion #9 added "only direct services are billable". Under services not covered removed "this is not an all- inclusive list" and added "include but are not limited to". Combined some items not covered. | 3 |

Signature

| Change Date | Changed By | Description of Change | Version |
|--------------------|-------------------|--|----------------|
| 4/19/2013 | CAC | Services not covered "j" added IAC and "k" added "Form". | 2 |

Signature

| Change Date | Changed By | Description of Change | Version |
|--------------------|-------------------|---|----------------|
| 10/19/2012 | CAC | Page 2 - "n" moved to be part of "m" and "o" through "y" relabeled to be "n" through "x". | 1 |

Signature