

Clinical Policy: Behavioral Health Personal Care Services

Reference Number: WA.CP.MP.521

Date of Last Review: 03/23

[Revision Log](#)

Effective Date: 04/01/23

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

The purpose of this policy is to provide guidelines for authorizing behavioral health personal care (BHPC) services. BHPC is a program that provides assistance with activities of daily living to individuals who meet the eligibility requirements and have authorization from Home and Community Services (HCS), a Washington state agency responsible for coordinating long term care services for person with disabilities and the elderly. HCS assesses the member's need by use of the CARE assessment tool. These services include, but are not limited to, personal care, relief care, nurse delegation training by an individual provider to continue providing personal care, or member responsibility reimbursement. Services must not duplicate services Coordinated Care of Washington, Inc., is required to provide.

Policy/Criteria

- I. It is the policy of Coordinated Care of Washington, Inc., in accordance with the Health Care Authority, that personal care services may be **approved** when *all* the following conditions are met:
 - A. The need for personal care is based primarily on a psychiatric diagnosis, excluding the following primary diagnoses, unless a co-occurring serious mental illness diagnosis (see B.1, below) is present.
 1. Intellectual disabilities
 2. Alzheimer's/dementia
 3. Traumatic brain injury
 4. Substance use disorder and
 - B. At least one of the following apply:
 1. The member has a primary diagnosis of a serious mental illness (schizophrenia, bipolar disorder, major depressive disorder) or
 2. The member exhibits behaviors/symptoms of a mental illness that cause impairment and functional limitations in self-care/self-management activities
 - C. At least one of the following applies to the member:
 1. The member is currently receiving mental health services, or
 2. There is a plan to engage the member in needed mental health services, or
 3. The member's needs are met by Residential Services Waiver (RSW) services through Home and Community Services (e.g., ECS, SBS, ESF, other).
 - D. The services requested or needs of the member do not duplicate services Coordinated Care is required to provide to Medicaid members.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy adopted. Previously WA.UM.42	10/19	11/19
Updated to reflect 2020 contract language. Reference updated.	03/20	04/20
Annual review. Reference updated.	03/21	04/21
Annual review. Reference updated.	03/22	03/22
Annual review. Changed policy number from WA.CP.MP.521 to WA.CP.BH.521. Reference updated. “Members” replaced with “members/enrollees”	03/23	03/23

References

1. Washington State Health Care Authority. *Washington Behavioral Health Services Integrated Managed Care Wraparound Contract*. Chapter 12.2. January 1, 2023.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible

for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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