

Consumer Directed Attendant Care Criteria

Iowa Medicaid Program:	Waiver Prior Authorization	Effective Date:	7/25/2011
Revision Number:	5	Last Review Date:	4/21/2017
Reviewed By:	Medicaid Clinical Advisory Committee	Next Review Date:	4/2018
Approved By:	Medicaid Medical Director	Approved Date:	5/5/2017

Criteria:

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.
2. Member would receive a service performed by a person to help a member with non-skilled or skilled service activities which the member would typically do independently if the member were otherwise able.
3. Skilled service activities shall be under the supervision of a licensed nurse or licensed therapist working under the direction of a physician.
4. Services are essential to the health and welfare of the member.
5. Service plan and Consumer Directed Attendant Care agreement is directed at meeting the individual member needs.
6. Service plan is consistent with the diagnosis and treatment of the member's condition.
7. Service plan is in accordance with standards of good medical practice.
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.
9. The scope, frequency, and duration of services shall be indicated in the service plan and the approved and signed Consumer Directed Attendant Care agreement. Only direct services are billable.
10. Services are the least costly type of service which would reasonably meet the medical need of the member.
11. Consumer-directed attendant care services may not be simultaneously reimbursed with any other HCBS waiver services.

Only direct services are billable. Services not covered under Consumer Directed Attendant Care (CDAC) include but are not limited to:

- a. Services provided simultaneously with any similar service regardless of funding source.
- b. Services provided simultaneously with in-home health-related care services.

- c. Service activities including parenting or child care for or on behalf of the member including, but not limited to: basic child care, taking a child to a playground, taking a child to school.
 - d. Transportation costs.
 - e. The costs of food.
 - f. Reminders and cueing.
 - g. Companionship.
 - h. Any activity related to supervising a member.
 - i. Services that are not documented in accordance with IAC 441-79.3 rules.
 - j. Any covered Consumer Directed Attendant Care service not identified in the member's Consumer Directed Attendant Care Agreement Form #470-3372.
 - k. Activities the member is able to perform.
 - l. Wait time for any activity.
 - i. Examples: physician visits, laundry cycle, dishwasher cycle time.
 - m. Deep cleaning and chore services, as defined in IAC 441-78.37.
 - n. All pet related services, including but not limited to: feeding, walking, dropping removal, shopping for pet food/supplies, taking pet to veterinarian.
 - o. Moving and packing services.
 - p. Visiting, watching movies or television and playing games.
 - q. Taking the member to visit relatives, casino, bars, or for salon services, including but not limited to: manicure, pedicure, or massages.
 - r. Meal preparation, housekeeping, shopping or other activities that are completed for the benefit of people other than the member.
 - s. Non-essential shopping, including but not limited to: Christmas, birthday and window shopping.
 - t. Dining out a restaurants or take-out food brought to member.
 - u. Transportation time related to non-allowable activities.
 - v. Exercise that does not require skilled services (e.g., accompanying the member on a walk in the community).
12. Submitted documentation includes:
- a. Service plan
 - b. Comprehensive assessment
 - 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.
 - d. HCBS Consumer-Directed Attendant Care Agreement
 - e. Supported community living plan of care, if applicable
 - f. Home health agency plan of care, if applicable

Continued Services:

- 1. Initial service criteria are met.
- 2. Necessity for service and service intensity must be independently met for continued services regardless of past history of service approval.
- 3. Submitted documentation includes:
 - a. Service plan
 - b. Comprehensive assessment

- 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.
- d. HCBS Consumer-Directed Attendant Care Agreement
- e. Supported community living plan of care, if applicable
- f. Home health agency plan of care, if applicable

References Used:

Iowa Administrative Code 441-78.34(7)
 Iowa Administrative Code 441-78.37(15)
 Iowa Administrative Code 441-78.38 (8)
 Iowa Administrative Code 441-78.41(8)
 Iowa Administrative Code 441-78.43(13)
 Iowa Administrative Code 441-78.46(1)
 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.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
10/19/12	CAC	Page 2 - "n" moved to be part of "m" and "o" through "y" relabeled to be "n" through "x".	1
4/19/13	CAC	Services not covered "j" added IAC and "k" added Form.	2
4/18/14	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

Change History (Cont.):

4/17/15	CAC	Combined two items under services not covered. Added last paragraph in References Used.	4
8/4/15	Policy Staff	Added "v" under services not covered.	5



C. David Smith, MD