KMAP GENERAL BULLETIN 25135

HCBS Personal Care Services in Acute Care Hospital Settings

Effective July 1, 2024, for the Intellectual/Developmental Disability (I/DD) and Brain Injury (BI) waivers, and effective January 1, 2025, for the Physical Disability (PD) and Frail Elderly (FE) waivers, Personal Care Services (PCS) may be delivered in an acute care hospital setting under specific conditions.

This change is designed to ensure continuity of essential non-medical supports for participants during short-term hospital stays, especially for individuals with behavioral, communication, or functional support needs that may not be fully addressed by hospital staff.

Conditions for PCS Delivery in Hospital Settings:
PCS may be delivered during a participant's hospital stay when the following conditions are met:

- **Support with ADLs/IADLs:** Services are necessary to assist with the participant's Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs) during the hospital stay.
- **Non-duplication of Hospital Services:** PCS must not duplicate hospital services already provided under standard care (e.g., nursing, bathing, mobility assistance).
- **Person-Centered Planning:** When feasible, the participant's Person-Centered Service Plan (PCSP) should document the need for PCS during hospitalization, especially for participants with recurring hospitalizations or unmet support needs.
- **Clinical Review and Coordination:** Managed Care Organizations (MCOs) should use clinical judgment, in consultation with the provider and PCSP, to determine the appropriateness of PCS.

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Authorization and Provider Requirements:

- Services must be authorized by the MCO.
- Services must be delivered by a waiver-approved PCS provider.
- All services must adhere to waiver-specific guidelines and must align with the participant's approved PCSP.

Documentation and Claims Submission Requirements:

- Services must align with the participant's PCSP.
- All services must be documented in the Electronic Visit Verification (EVV) system, including time in/time out and service location.
- Use Place of Service (POS) code 21 for hospital-based PCS.

Applicable Waivers and Procedure Codes:

Service	Waiver	KMAP Codes
Personal Care Services	BI	S5125 U9, S5125 UB (Self-directed)
Personal Care Services	FE	S5130 (Level 1), S5125 (Level 2), S5125 UD (Self-directed)
Personal Care Services	I/DD	T1019
Supportive Home Care	I/DD	S5125
Personal Care Services	PD	S5125 U9, S5125 U6 (Self-directed)

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Note: The effective date of the policy is July 1, 2024 and January 1, 2025. The implementation of State policy by the KanCare MCOs may vary from the date noted in the Kansas Medical Assistance Program (KMAP) bulletins. The **KanCare Open Claims Resolution Log** on the KMAP Bulletins page documents the MCO system status for policy implementation and any associated reprocessing completion dates once the policy is implemented.

For changes resulting from this bulletin, view the updated *HCBS BI Fee-for-Service Manual*, pages 8-23 and 8-24; *HCBS FE Fee-for-Service Manual*, page 8-22; *HCBS IDD Fee-for-Service Manual*, page 8-30; and *HCBS PD Fee-for-Service Manual*, pages 8-23 and 8-24.

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