



CUSTODIAL CARE GUIDELINE

Definition

Custodial care is primarily for the purpose of assisting an individual in the activities of daily living or in meeting personal rather than medical needs, which is not specific therapy for an illness or injury and is not skilled care.

Custodial care serves to assist an individual in the activities of daily living, such as help in walking, getting out of bed, bathing, dressing, feeding, using the toilet, food preparation, and supervision of medication that usually can be self-administered.

Custodial care essentially is personal care that does not require the continuing attention or supervision of trained, medical or paramedical personnel.

Custodial care is maintenance care provided by family members, health aides or other unlicensed individuals after an acute medical event when an individual has reached the maximum level of physical or mental function.

In determining whether an individual is receiving custodial care, the factors considered are the level of care and medical supervision required and furnished. The decision is not based on diagnosis, type of condition, degree of functional limitation or rehabilitation potential.

Examples of custodial care:

- Assistance in dressing, eating, and toileting.
- Positioning in bed.
- Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems.
- Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube (Note: skilled care, supervision or observation may be required if feedings are not stable).
- Routine care of the incontinent individual, including use of diapers and protective sheets.
- Routine services to maintain satisfactory functioning of indwelling bladder catheters (this would include emptying containers and cleaning them, and clamping tubing).
- General maintenance care of colostomy and ileostomy.
- General supervision of exercise which does not require skilled rehabilitation personnel.

Examples of exercise supervision may include:

- Repetitive exercises to maintain function, improve gait, or maintain strength or endurance, passive exercises to maintain range of motion in paralyzed extremities, or assisted walking.
- Dressing changes for non-infected postoperative or chronic conditions.
- General maintenance care in connection with a plaster cast (skilled supervision or observation may be required where the individual has pre-existing skin or circulatory conditions or needs to have traction adjusted).
- Routine care in connection with braces and similar devices.
- Use of heat as a palliative and comfort measure, such as whirlpool or steam pack.
- Routine administration of medical gases after a regimen of therapy has been established (i.e., administration of medical gases after the individual has been taught how to institute therapy).
- Administration of routine oral medications, eye drops, and ointments (the fact that an individual cannot be relied upon to take such medications himself/herself or that state law requires all medications be dispensed by a nurse to those individuals in an institution would not change this service to a skilled service).
- Chronic uncomplicated oral or tracheal suctioning (Note: skilled care, supervision or observation may be required if suctioning is complicated).

Benefits statement

Custodial care is not a covered benefit by Gold Coast Health Plan (GCHP).

References

Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 16. General Exclusions from Coverage. Rev.122, 04-09-10. Available at: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c16.pdf>. Accessed: September 30, 2016.

Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 7. Home Health Services. Rev. 144, 05-06-11. Available at: <http://www.cms.hhs.gov/manuals/Downloads/bp102c07.pdf>. Accessed: September 30, 2016.

Gold Coast Health Plan 2016-17 Member Handbook, page 38. Services Not Covered. Available at: http://www.goldcoasthealthplan.org/media/35324/gchp-memberhandbooke_june16-v4.pdf. Accessed: September 30, 2016.

MEDICAL ADVISORY COMMITTEE GUIDELINE HISTORY			
Adopted By MAC	Reapproved	Revised	Retired
October 17, 2013			
	October 16, 2014		
	October 29, 2015		
	October 27, 2016		