

Coverage Policy

Version 1.2

Effective Date: 1/8/2021

POLICY Purpose:

Ensure appropriate utilization of personal care assistance (PCA) services. PCA services provide assistance and support for persons with disabilities, living independently in the community. This includes the elderly and others with special health care needs. PCA services are provided in the beneficiary’s (member’s) home or in the community when normal life activities take him/her outside the home.

Section A – Definitions

References: [Minn. Statutes, § 256B.0659, subd. 1](#)

Activities of daily living (ADLs)	means grooming, dressing, bathing, transferring, mobility, positioning, eating, and toileting.
Behavior	a category to determine the home care rating and is based on the criteria found in this section.
Level I behavior	means physical aggression towards self, others, or destruction of property that requires the immediate response of another person.
Complex health-related needs	means a category to determine the homecare rating and is based on the criteria found in this section.
Critical activities of daily living	means transferring, mobility, eating and toileting.
Dependency in activities of daily living	means a person requires assistance to begin and complete one or more of the activities of daily living.
Elderly Waiver (EW)	a federal Medicaid waiver program that funds home and community-based services for people age 65 and older who are eligible for Medical Assistance, require the level of care provided in a nursing home, and choose to live in the community.
Extended personal care assistance service	means personal care assistance services included in a Service Plan under one of the home and community-based services waivers authorized under chapter 256S, subdivision 5, and 256B.49 which exceed the amount, duration, and frequency of the state plan personal care assistance services for participants who: <ol style="list-style-type: none"> (1) need assistance provided periodically during a week, but less than daily will not be able to remain in their homes without the assistance, and other replacement services are more expensive or are not available when personal care assistance services are to be reduced; or (2) need additional personal care assistance services beyond the amount authorized by the state plan personal care assistance assessment in

	order to ensure that their safety, health, and welfare are provided for in their homes.
Health-related procedures and tasks	means procedures and tasks that can be delegated or assigned by a licensed health care professional under state law to be performed by a personal care assistant.
Instrumental activities of daily living (IADLs)	means activities to include meal planning and preparation; basic assistance with paying bills; shopping for food, clothing, and other essential items; performing household tasks integral to the personal care assistance services; communication by telephone and other media; and traveling, including to medical appointments and to participate in the community.
Long Term Care Consultation (LTCC) Assessment	means the assessment of beneficiaries (members) pursuant to Minn. Statutes, § 256B.0911, for the purpose of preventing or delaying Nursing Facility placements to offer cost-effective alternatives appropriate for the Enrollee's needs, and to assure appropriate admissions to a Nursing Facility.
LTCC Care Plan	means a written summary by the care coordinator of the assessment and description of the services needed by the beneficiary (member). Considers the full complement of Elderly Waiver services.
Qualified Professional (QP)	means a professional providing supervision of personal care assistance services and staff as defined in Minn. Statutes, § 256B.0625, subd. 19c.
Personal Care Assistance Provider Agency	means a Medical Assistance enrolled provider that provides or assists with providing personal care assistance (PCA) services and includes a personal care assistance provider organization (PCPO), personal care assistance choice agency (PCPA), class A licensed nursing agency, and Medicare-certified home health agency.
Personal Care Assistant (PCA)	means an individual employed by a personal care assistance agency who provides personal care assistance services.
PCA Care Plan	means a written description of personal care assistance services developed by the personal care assistance provider according to the Service Plan
Responsible Party (RP)	means an individual who is capable of providing the support necessary to assist the beneficiary (member) to live in the community.
Self-administered medication	means medication taken orally, by injection, nebulizer, or insertion, or applied topically without the need for assistance.
Service Plan	means a written summary of the assessment and description of the services needed by the beneficiary (member).

Section B - Eligibility/Authorization Process	
References: 42 CFR § 440.167 , Minn. Statutes, § 256B.0651 , Minn. Statutes, § 256B.0652 , Minn. Statutes, § 256B.0659 ; MHCP Provider Manual , UCare Provider Manual	
<p>Section B1</p> <p>Program Eligibility</p>	<p>PCA Services are available to persons covered by:</p> <p>Medical Assistance through the following UCare products: MSC+, and MSHO.</p> <p>There is no PCA benefit for members in the following plans:</p> <ul style="list-style-type: none"> • UCare Medicare Plans • UCare Medicare Plans with (M Health Fairview & North Memorial • I-SNP (Institutional Special Needs Plan) • EssentiaCare • Adult, non-pregnant MinnesotaCare members • UCare Individual & Family Plans • UCare Individual & Family Plans with M Health Fairview <p>The following plans may be eligible for PCA through DHS Fee for Service.</p> <ul style="list-style-type: none"> • UCare Connect and UCare Connect + Medicare • UCare PMAP and MinnesotaCare Expanded Benefit set(Pregnant women and children under 21) <p>Beneficiaries (members) eligible for one of the above programs must meet the following criteria to qualify for PCA services:</p>
<p>Section B2</p> <p>Member Eligibility</p>	<ol style="list-style-type: none"> a. Able to identify their needs b. Able to direct and evaluate PCA task accomplishment c. Able to provide for their health and safety or have a responsible party who is able to do so d. Have a stable medical condition e. Have an approved service agreement for PCA services from the Minnesota Department of Human Services f. Have an approved service agreement for PCS services from the Minnesota Department of Human Services g. Live in their own home residence that is <u>not</u> a hospital, nursing facility, intermediate care facility, health facility licensed by the Minnesota Department of Health or foster care setting licensed for more than four residents h. Need PCA services to live in the community

	<p>MHCP Provider Manual, PCA, Eligibility for PCA Services states, "PCA services may only be provided when determined medically necessary through the assessment process."</p>
<p>Section B3 Authorization</p>	<ol style="list-style-type: none"> 1. Request for continued authorization of services previously approved by another health plan: Agency must fax a copy of the previous health plan or DHS service agreement, or copy of beneficiary's (member's) current PCA assessment (DHS-3244/3428D) PCA AUTHORIZATION TRANSFER FORM (Reference: UCare Provider Manual) 2. Refer to the PCA Referral for Assessment Form and these bullets: <ol style="list-style-type: none"> (a) All beneficiaries (members) receiving PCA services must also receive authorization for Qualified Professional Supervision services. (b) Lead agencies may authorize waiver for beneficiaries (members) who are assessed to receive State plan PCA services to receive extended waiver PCA services. (c) Lead agencies may also authorize fewer PCA services if the waiver beneficiary (member) is able to get his or her needs met through other services authorized through a waiver program. Refer to the lead agency's contract requirements to provide extended PCA services. (d) The QP must contact the lead agency assessor or the assigned MSHO/MSC+ case manager when the beneficiary (member) has a Change of Condition of Health Status to determine if there is a change in the beneficiary's (member's) need for PCA services. (e) The prior authorization process requires an initial PCA assessment of the beneficiary's (member's) need for services. Assessments are then performed annually in conjunction with the LTCC and when there is a significant change in medical condition. (f) PCA hours may be authorized through use of flexible option within a six month period. Exceptions to this are beneficiaries (members) on the Minnesota Restricted Recipient Program. 4. Authorization of additional PCA hours <ol style="list-style-type: none"> a. Temporary authorization of personal care assistance services <ol style="list-style-type: none"> i. UCare may provide temporary authorization of PCA services based on information from prior PCA Assessments and Service Plans and/or prior LTCCs and Care Plans, as applicable. ii. Temporary authorizations for PCA services may not exceed 45 calendar days. iii. The level of services authorized as a temporary authorization does not have any bearing on future authorizations. Level of services is based on the beneficiary's (member's) assessment for PCA service.

	<p>iv. For requests for short-term increases in the number of PCA hours, documentation that demonstrates a change in the beneficiary's (member's) condition and a need for increased services may be requested for additional hours to be authorized. If the change of condition is expected to be long-term, UCare may require a new assessment.</p> <p>Coverage may vary according to the terms of the beneficiary's (member's) Evidence of Coverage and/or as specified in related state statutes and rules. The following plans may be eligible for PCA through DHS Fee for Service:</p> <ul style="list-style-type: none"> • UCare Connect and UCare Connect + Medicare. • UCare PMAP and MinnesotaCare Expanded Benefit set (Pregnant women and children under 21). <p>5. If the Coverage Criteria noted below are met, UCare will authorize benefits within the limits in the beneficiary's (member's) care plan and based on the beneficiary's (member's) assessment and related Minnesota statutes and rules.</p> <p>6. If the Coverage Criteria are not met, providers are advised of the appeal process in the <i>UCare Provider Manual</i>. Beneficiaries (members) are advised of their appeal rights in their Evidence of Coverage and through beneficiary (member) notices UCare sends as a result of any action.</p> <p>PCA services, including consideration of other complementary services, are evaluated through the assessment process and provide a recommendation for authorization.</p>
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Section C - Coverage Criteria

References: [42 CFR § 440.167](#), [Minn. Statutes, § 256B.0651](#), [Minn. Statutes, § 256B.0652](#), [Minn. Statutes, 256B.0659](#); [MCHP Provider Manual](#), [UCare Provider Manual](#)

1. Coverage Criteria
 - a. Must be appropriate for the level of care based on beneficiary's (member's) most recent PCA assessment; supporting the completion of active (ADL) tasks as documented in the plan of care submitted by the PCA agency;
 - b. Must be included in the PCA Care Plan and provided under the direction of a QP;
 - c. Must be provided through a contracted PCA agency;
 - d. Must be under the supervision of a QP.

2. Beneficiary (Member) must:
 - a. Live in his/her own home and need PCA services to live in the community;
 - b. Be in a stable medical condition and not have acute care needs that require inpatient hospitalization;
 - c. Have needs that can be met in their home;
 - d. Have a current PCA assessment that specifies the personal care services needed.

3. Service, support planning, and referral:
 - a. The assessor, with the beneficiary (member), shall review the assessment information and determine referrals for other services, and community supports as appropriate.
 - b. The beneficiary (member) must be referred for evaluation, services, or supports that are appropriate to help meet the beneficiary's (member's) needs including, but not limited to, the following circumstances:
 - i. When the beneficiary (member) would benefit from an evaluation for another service; including clinically oriented services to address physical function (e.g., physical therapy or occupational therapy).
 - ii. When there is a more appropriate service to meet the assessed needs, including consideration of the full set of Elderly Waiver services.

4. For MSHO and MSC+:
 - a. For beneficiaries (members) eligible for Elderly Waiver, the cost of PCA services must fit within the Elderly Waiver case mix cap. It is the responsibility of the UCare Care Coordinator to consider the full complement of Elderly Waiver services that fit within the case mix cap budget.
 - b. Exceptions to case mix budget amounts may be allowed for beneficiaries (members) who meet the following criteria. Those that meet these criteria may request a budget exception to increase their budget amount based on case mix classification up to the value enacted by the Minnesota Legislature.
 - i. The beneficiaries (member) is eligible for twelve (12) or more daily hours of personal care assistance, and
 - ii. services are provided by a worker who has completed training requirements.

Section D- Non-Covered Criteria

Reference: [Minn. Statutes, § 256B.0659, subd. 3](#) , [MCHP Provider Manual](#)

1. Personal care services that are not supervised by a QP;
2. Services that are over and above the DHS capped rate:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4201-ENG> *link to PCA decision tree
3. Services provided by a person who is:
 - a. Paid legal guardian of an adult beneficiary (member)
 - b. Legal guardian of a minor beneficiary (member)
 - c. Parent or stepparent of a minor child beneficiary (member)
 - d. Spouse of a beneficiary (member)
 - e. A beneficiary (member) receiving PCA services
4. Services that are provided in a licensed hospital, nursing facility, intermediate care facility, health facility licensed by MDH, or a foster care setting that is licensed where there are more than four residents
5. Services that are not covered PCA services pursuant to MHCP guideline
6. PCA services cannot be used for “passive” supervision of beneficiary (member), beneficiary (member) must have a daily basis for cuing and constant supervision to complete the task
7. PCA services cannot be used primarily for general housekeeping (i.e., home maintenance, dusting, vacuuming, cleaning bathroom)

* UCare *Homemaking Guidance* can be accessed through these hyperlinks: [MSHO](#) and [MSC+](#)