

Chapter 23

Personal Care Assistance (PCA) Services

NOTE: Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#).

Billing Information – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

Personal care assistance (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 member's (recipient's) home or in the community when normal life activities take him/her outside the home.

Members on Prepaid Medical Assistance Programs (PMAP), MinnesotaCare and Special Needs Basic Care (SNBC) will receive Personal Care Assistance (PCA) services through the State of Minnesota Fee-For-Service Medical Assistance. It is not a benefit through managed care, South Country Health Alliance.

Definitions

Activities of Daily Living (ADL): Eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning.

Care Plan – PCA: A written description of how the member's needs identified during the assessment process will be met. This is developed by the QP or the member/responsible party with the assistance of the member's physician. This is a requirement of the PCA program.

Community First Services and Supports (CFSS) offer flexible options to meet the unique needs of Minnesota Health Care Programs (MHCP) members with disabilities. CFSS allows members greater independence in their homes and communities. This includes the elderly and others with special health care needs. CFSS services are provided in members' homes or in the community when normal life activities take them outside the home. CFSS will replace personal care assistance (PCA) and the Consumer Support Grant (CSG) October 1, 2024. PCA and CSG will be phased out over time.

DSD: Disability Services Division Waiver is a publicly funded program to support people with a variety of disabilities including: brain injury, developmental/physical disabilities, chronic medical conditions- including HIV/AIDS.

EW: Elderly Waiver is a publicly funded program providing home and community-based services for people who need the level of care in a nursing home but choose to live in the community and qualify for medical assistance.

Fiscal Agent Option: See PCA choice option.

Flexible Service Use Option: When prior authorized, PCA units may be used in varying amounts over the duration of the authorization. Planned and approved use of authorized PCA service hours/units in a six-month flexible schedule to more effectively meet the needs of the person. The use of service units may differ from day to day or week to week but must only be used for covered care needs as identified in the PCA assessment. Flexible use does not increase the total amount of authorized PCA units. Units may not be transferred from one six-month period to another.

Health-Related Functions: Functions that can be delegated or assigned by a licensed health care professional under state law to be performed by a personal care assistant.

Personal Care Assistant (PCA): An individual employed by a personal care assistance provider agency, enrolled with the Minnesota Department of Human Services (DHS), and who provides personal care assistance services (MN Stat. sec. 245A, MN Stat. sec. 252A.02, subd. 3a, MN Stat. sec. 256B.0659, subd. 11). QPs include a registered nurse (RN), licensed social worker, mental health professional, or qualified developmental disabilities specialist (QDDS).

Personal Care Provider Organization (PCPO): An agency that meets DHS standards to provide PCA services, also known as a personal care provider or PCA Agency.

Personal Care Assistance (PCA) Assessment: A review and evaluation of a member's need for home care services. This assessment must be performed by a county PHN or PHN contracted with the county. A new assessment is required annually.

Personal care assistance care plan: A written description identifying the PCA services to be delivered to the recipient based on the [PCA Assessment and Service Plan \(DHS-3244\) \(PDF\)](#).

Personal Care Assistance (PCA) Choice Option: A member-directed option within the PCA program under which the recipient of services, or his/her responsible party, is responsible for hiring, firing, training, and directing his/her PCA. PCA Choice allows the member more choice and control over his/her services as well as decreased administrative overhead expense.

Qualified Professional (QP): A professional providing training, supervision, and evaluation of PCA services and staff. A QP must be one of the following:

- Registered nurse as defined in [Minn. Stat. §148.171 to 148.285](#)
- Licensed social worker as defined in [Minn. Stat. §148E.010](#) and [Minn. Stat. §148E.055](#)
- Mental health professional as defined in [Minn. Stat. §245.462, subd. 18](#), or [Minn. Stat. §245.4871, subd. 27](#)
- Qualified developmental disabilities specialist [Minn. Stat. §245D.081, Subd 2\(b\)](#).

Registered Nurse: Must hold current licensure from the MN State Board of Nursing and be enrolled with the Department of Human Services as an independent nurse.

Residence: The place where a member lives/resides. A residence does not include a hospital, nursing facility, or intermediate care facility (ICF-DD).

Self-administered medication: Is medication taken orally, by injection, nebulizer, insertion or is applied topically without the need for assistance.

SNBC: Special Needs BasicCare program for members with disabilities. Products included are: SingleCare, SharedCare, and AbilityCare

Overview

Personal care assistance (PCA) services provide assistance and support for people with disabilities who are living independently in the community. This includes the elderly and others with special health care needs. PCA services are provided in the Minnesota Health Care Programs (MHCP) member's home or in the community when normal life activities take him or her outside the home.

Community First Services and Supports (CFSS) will replace PCA and the Consumer Support Grant (CSG) in the future. The Minnesota Department of Human Services (DHS) implemented CFSS on Oct. 1, 2024.

Assessment for PCA Services

PCA services are participant centered. Members must have an assessment for PCA services by an assessor through a lead agency (member's care coordinator). During the assessment, the assessor determines if:

- The member is able to direct his or her own care or needs a responsible party (RP) to act on their behalf.

The member meets the PCA eligibility criteria. If PCA services are assessed to be appropriate, most members have flexible use of their PCA services allowing them to use the assessed services how and when they want within a six-month period. The member /RP also chooses whether they want to receive either or both of the following:

- The PCA Choice option, which allows the member to decide which direct care staff will be providing the services.
- The shared service option for PCA services, which allows the member to receive services from the same individual PCA, at the same time and in the same setting as another recipient receiving PCA services.

Members/RPs must also select a Minnesota Health Care Programs (MHCP)-enrolled PCA provider agency they want to provide their PCA services. When the member selects the PCA choice option, they must select an agency enrolled specifically to provider PCA Choice services. Members on the Minnesota Restricted Recipient Program are prohibited from using the PCA Choice option and flexible-use options.

Extension of three-month PCA/CSG service agreements

Effective immediately, people who currently use PCA/CSG services will receive up to six months of PCA/CSG services while they transition to CFSS. DHS changed the service extension from three to six months to avoid gaps in service for people as they transition to CFSS.

A person with a six-month PCA/CSG service agreement (SA) can choose to begin CFSS services before the end of the six months if they have an approved CFSS service delivery plan. DHS will issue instructions for this situation when they are available.

Supervision for PCA Services

Supervision of PCAs is an important component of ensuring recipients receive services and that the services they receive are appropriate for their needs. State statutes require that all PCAs be supervised by a qualified professional (QP).¹ South Country's contract with DHS also requires PCAs to be supervised by a QP as described in state law. Statutes state:

The qualified professional shall evaluate the personal care assistant within the first 14 days of starting to provide regularly scheduled services for a recipient, or sooner as determined by the qualified professional.... Subsequent visits to evaluate the personal care assistance services provided to a recipient...shall occur: (1) at least every 90 days thereafter for the first year of a recipient's services; (2) every 120 days after the first year of a recipient's service or whenever needed for response to a recipient's request for increased supervision of the personal care assistance staff....²

¹ Minnesota Statutes 2022, 256B.0659, subd. 14(a).

² Minnesota Statutes 2022, 256B.0659, subd. 14(c).

Statutes also state, “Under personal care assistance choice, the recipient or responsible party shall...supervise and evaluate the personal care assistant with the qualified professional, who is required to visit the recipient at least every 180 days.”³

All members receiving PCA services are required to have QP supervision services. The QP works for the PCA agency to provide oversight and evaluation of the individual personal care assistance service delivery, to ensure the member’s PCA service needs are met following the [QP services](#) policy.

- The PCA agency is responsible for ensuring the QP:
- Meets the requirements in the [QP criteria](#);
- Develops the member [care plan](#);
- Completes the minimum required QP visits.

If a member needs more than 96 units of QP services before a services authorization ends, the PCA agency may request additional units according to the [QP supervision units increase](#) policy.

Eligible Providers

South Country requires eligible providers to be MHCP enrolled and reimburses the following types of provider agencies to provide PCA services:

- Medicare-certified, comprehensive homecare licensed home health agency;
- Personal care provider organizations (PCPOs);
- PCA Choice agencies.

South Country does not pay individual PCAs directly. South Country does not require a PCPO or PCA Choice agency to have a license or certification to provide PCA services. However, PCA agencies with license/certifications must comply with the requirements of both the MHCP PCA program and whatever license/certification they hold.

All agencies choosing to provide PCA services for South Country recipients/members must meet MHCP PCA agency enrollment requirements described in more detail below.

PCA Agency Enrollment

Agencies enroll or maintain enrollment with Minnesota Health Care Programs (MHCP) to provide PCA services by:

- Follow the DHS PCA Provider Agency Enrollment Checklist.
- Follow DHS annual review requirements.
- Follow DHS ongoing reporting requirements to report agency changes.
- Maintaining the appropriate service credentials to provide PCA services.
- Following PCA MHCP program requirements including but not limited to:
 - Provider enrollment requirements;
 - Provider marketing PCA services;
 - Provider owned or controlled housing;
 - Provider policies and procedures;

³ Minnesota Statutes 2022, 256B.0659, subds. 19(a)(4) and 18(b).

- Provider time and activity documentation;
- Provider training requirements; and
- Provider wage and benefit requirements.

Verifying Credentials for Qualified Professionals (QPs)

The QP works for and is reimbursed by the PCA provider agency. MHCP does not enroll the QP as an individual provider to identify on claims. PCA provider agencies are responsible for verifying the credentials of the QP (see Legal References in MHCP provider Manual) and keeping verification of those credentials in their agency files. Prior to having the QP provide services, the PCA agency must:

- Ensure the QP is not on the Office of Inspector General (OIG) exclusion list;
- Initiate and receive confirmation that the QP has passed a background study or has a set aside from DHS licensing;
- Have the QP complete and submit the “Qualified Professional (QP) Acknowledgment” (PDF) (DHS edoc 4022C) form to MHCP Provider Enrollment; and
- Meet provider training requirements set by DHS.

Enrolling Individual PCAs

MHCP is the official registrar for enrolling and affiliating individual Minnesota PCA providers for the purpose of identifying the individual PCA who provides the services to recipients on both fee-for-service and managed care organization (MCOs) claims.

PCA agencies must enroll individual PCAs with MHCP and affiliate individual PCAs with their agencies. MHCP assigns a Unique Minnesota Provider Identifier (UMPI, an NPI equivalent) to the individual PCA during their enrollment process. The PCA agency uses the UMPI on the claim, to report the individual as the person who rendered the services to the recipient. Prior to making the request, the MHCP provider manual identifies the PCA agency must ensure that each individual PCA they employ:

- Meets the Personal Care Assistance criteria;
- Successfully completes Individual PCA standardized training requirements;
- Does not appear on the Office of Inspector General (OIG) Exclusion list; and
- Successfully completes the background study using [NETStudy](#) through MN DHS licensing.

MHCP also ensures the individual PCA provider is not on the OIG Exclusion list and passes the background study with the agency, and shares this information with the MCOs, on a weekly basis.

PCA provider agencies may not have or enforce any agreements, requirements or non-compete clause prohibiting, limiting or restricting an individual PCA from working with a recipient or different PCA provider agency after leaving a PCA provider agency, regardless of the date the agreement was signed.

MHCP requires PCA agencies to comply with data and other information requests from the PCA Quality Assurance (QA) as written in the PCA QA policy.

Eligible Members

South Country members with the following programs are eligible for PCA services:

Members age 65 and over who have Medical Assistance (Medicaid).

Members of Waiver Service Programs.Covered Services

South Country reimburses PCA covered services detailed in the MHCP provider manual for enrolled members. South Country may reimburse for assistance with self-administered medications or services outside of Minnesota when identified on the member's assessment, service plan and/or care plan documents.

South Country covers PCA driving time when the need for driving is documented in the member's care plan. This means a PCA provider agency may be reimbursed for time a PCA worker spends driving an adult member into the community, including to medical appointments.

A PCA worker may assist the person with the following ADLs:

- Dressing – Including application of clothing and special appliances or wraps;
- Grooming – Including basic hair care, oral care, shaving, basic nail care, applying cosmetics and deodorant, care of eyeglasses and hearing aids;
- Bathing – Including basic personal hygiene and skin care;
- Eating – Including completing the process of eating, including hand washing and application of orthotics required for eating, transfers and feeding;
- Transfers – Including assistance to transfer the person from one seating or reclining area to another;
- Mobility – Including assistance with ambulation, including use of a wheelchair; not including providing transportation;
- Positioning – Including assistance with positioning or turning a person for necessary care and comfort; and
- Toileting – Including helping person with bowel or bladder elimination and care. This includes transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin and adjusting clothing.

A PCA worker may assist an adult with the following IADLs:

- Accompany to medical appointments;
- Accompany to participate in the community;
- Assist with paying bills;
- Communicate by telephone and other media; and
- Complete household tasks integral to the PCA services, such as:
 - Plan and prepare meals.
 - Shop for food, clothing, and other essential items.
- Drive the person into the community, including to medical appointments. For additional information, refer to the requirements for driving section below.

A PCA may observe and provide redirection to the member for episodes of behavior needing redirection as identified on the care plan.

A PCA may assist with self-administered medication, as defined above, as a health-related procedure and task within the scope of PCA services. The PCA must follow the PCA care plan and must be directed either by the member who can direct his or her own care or by the member's responsible party. The PCA can:

- Opening medication under the direction of the member or responsible party, including medications given through a nebulizer;
- Organizing medications, such as putting in a weekly pill container, if under the direction of a person who directs his or her own care;
- Bringing the medication to the person; and
- Reminding the person to take his or her prescribed medication as directed by a licensed medical professional, including medications given through a nebulizer.

The PCA cannot:

- Determine the medication dose or time the medication should be given;
- Determine the need for medication or evaluate the effectiveness of the medication;
- Set up medications, except for the medication organization described as a covered service;
- Perform sterile procedures; and
- Inject fluids and medications into veins, muscles, or skin.

South Country covers the **travel time** an individual PCA spends accompanying a member while that member is being transported to the destination where the individual PCA will assist the member in the community. PCA agency policies, procedures and agreements with members determine whether that agency allows an individual PCA employee to transport a member using their own or a member's vehicle. PCA agencies must consult with their legal advisors/business consultants about the liabilities of transporting members.

For example: A member receives PCA services and needs assistance eating. The member is meeting family at a local restaurant and the individual PCA will assist the member. South Country will cover the time the individual PCA spends while the member is transported from their community setting to the restaurant (and back). If the individual PCA meets the member at the restaurant, South Country will not cover the individual PCA's travel time.

Requirements for Driving:

For all PCA workers driving people into the community, PCA provider agencies must ensure:

- The PCA worker has a valid driver's license.
- All vehicles used are registered and insured as required under Minn. Stat. Ch. 65B.
- The PCA worker documents time spent transporting the person in the time and activity documentation.

The PCA worker's documentation must include:

- Start and stop times.
- Origination site and destination site.

Noncovered Services

South Country does not reimburse for the following services provided by individual PCAs:

- Identified noncovered PCA services;
- Services not identified on the assessment and service plan or the member's care plan documents; and
- Transportation for the sole purpose of transporting.

Authorization Requirements for PCA services varies by member product and waiver enrollment. Refer to the following summary:

The following products do NOT have PCA benefits covered by South Country, and you must bill State of Minnesota (DHS), PCA services are authorized and paid by DHS.

- SNBC-SingleCare, SharedCare and AbilityCare;
- Medical Assistance (PMAP); and
- MinnesotaCare.

The following products do have benefits with South Country and providers are required to work through the Care Coordinator or DSD Waiver Case Manager. PCA services for these members are coordinated through the county and the provider may not provide services or bill without the care coordinator submitting the proper forms or service agreements to South Country.

- SeniorCare Complete (MSHO).
- MSC+.

MSC+ and SeniorCare Complete members with no waiver (EW, CADI, CAC or DD) the care coordinator submits form #5207 with associated units and date span for PCA services including supervision.

EW members authorizations are completed by the EW care coordinator on the EW care plan service agreement.

DSD (CADI, CAC or DD) waiver members the care coordinator submits form # 5841 for authorization requirements.

Service Agreements (SA) may be either temporary (45 days), or long-term (up to 365 days or 366 days in a leap year). Approved home care authorization requests can begin the date the request is received unless the request meets an exception. South Country must receive all the required information before authorization can be approved.

Documentation Requirements

PCA agencies must have all the following documentation, prior to submitting a claim to South Country for reimbursement of PCA or QP services:

- either a copy of the member's PCA Assessment and Service Plan (DHS-3244) (PDF), or the CFSS Assessment or the MnCHOICES PCA Assessment. .Service authorization for PCA services / Service agreement as appropriate;

PCA time and activity documentation for all individual PCA providers delivering services to the member. Refer to Electronic Visit Verification webpage for more information.

- QP documentation supporting the QP visit being billed;
- Written agreement signed by the agency and member or RP;
- Shared services agreements signed by all members sharing PCA services (if applicable);
- Documentation supporting that the service has been provided for both individual PCA and QP services; and
- Individual PCA records all of the minimum required elements when completing the agency's [PCA time and activity documentation](#) process. PCA agencies determine the documentation methods used for recording the QP's time and activity.

- Minnesota statutes require PCAs to document the services provided daily on a timesheet and submit the completed timesheets to the provider agencies, at a minimum, on a monthly basis. Also, provider agencies are required to keep the timesheets in the recipient's health record. State statutes also require that each timesheet includes the following information:
 1. Full name of personal care assistant and individual provider number;
 2. Provider name and telephone numbers;
 3. Full name of recipient and either the recipient's medical assistance identification number or date of birth;
 4. Consecutive dates, including month, day, and year, and arrival and departure times with a.m. or p.m. notations;
 5. Signatures of recipient or the responsible party;
 6. Personal signature of the personal care assistant;
 7. Any shared care provided, if applicable;
 8. A statement that it is a federal crime to provide false information on personal care service billings for medical assistance payments; and
 9. Dates and location of recipient stays in a hospital, care facility, or incarceration.
- Lead agencies may authorize waiver members who are assessed to receive state plan PCA services to receive [extended waiver PCA services](#). Lead agencies may also authorize fewer PCA services if the waiver 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.
- The QP must contact the lead agency assessor when the member has a [change of condition of health status](#) to determine if there is a change in the member's need for PCA services.

PCA agencies must have documentation supporting that the service has been provided for both individual PCA and QP services. South Country requires PCA agencies to ensure that the individual PCA records all of the minimum required elements when completing the agency's PCA time and activity documentation process. PCA agencies determine the documentation methods used for recording the QP's time and activity.

PCA agencies must follow the direction of the Minnesota Department of Labor and Industry (DLI) when paying their individual PCA providers and QPs for services the PCA agency told them to provide.

Submitting PCA Claims

Providers submit claims for reimbursement of PCA services in the following manner:

- Use the (837P) Professional transaction;
- Report the individual PCA who provided the PCA services as the rendering provider on the claim line; and
- Enter one claim line per date of service, per individual PCA or QP, per HCPCS code or HCPCS/modifier combination. No date spans are allowed for PCA services.
- Enter U2 modifier on PCA claim when service is being provided by a parent of a minor or spouse.

If eligible for the enhanced rate, bill using the TG modifier and the enhanced rate

South Country follows DHS HCPC codes and modifiers as found in the MHCP provider manual for reimbursement of PCA services.

PCA Payment Limits

- South Country Health Alliance will seek monetary recovery for PCA providers that exceed 310 hours of PCA services per month.
- Only one PCA provider per claim. Claims submitted with multiple PCA providers on the claim will be returned to provider.
- Claims billed with HCPCS - T1019 (PCA Services) - (no modifier) require the UMPI in Box 24J or electronic equivalent.
- PCA providers must be enrolled and active with MN DHS.
- PCA agencies NPI is required on all PCA RN Supervision – (T1019 code and UA modifier) claims.
- Claims billed in the 837I format will be denied.

| Code | Limit |
|-------------------------------------|---------------------|
| PCA Assessment - T1001 | 2 per calendar year |
| PCA Service Update - T1001 TS or U6 | 1 per calendar year |

For members enrolled in the Special Needs Basic Care, PMAP and MinnesotaCare program, follow fee-for-service guidelines to obtain authorizations.

Before requesting an authorization:

- Verify South Country eligibility via MN-ITs or South Country Provider Portal;
- Obtain all health insurance coverage information; and
- Use all insurance and Medicare benefits.

Unable to provide Continued Services

If a PCA provider is unable to continue services to a member/recipient, the provider must notify the member/recipient, responsible party, and the members care coordinator or waiver case manager at least ten (10) days before terminating the service and assist the member/recipient in transitioning to another provider. If the termination is a result of sanctions on the provider, the provider must give the member/recipient a copy of the home care bill of rights at least thirty (30) days before terminating services.

Change in Living Arrangement

Admission to a Facility

When a member/recipient is admitted to a facility, the provider must submit the “Home Care Fax Form” (DHS edoc 4074) to the care coordinator or case manager:

- The last date service was provided; and
- The total number of units provided up to that date.

Change in Member ID/PMI Number

When a member's/recipient's ID/PMI number changes, the provider must submit the completed "Home Care Fax Form" (DHS edoc 4074) to the care coordinator or case manager indicating the:

- Previous PMI number;
- Previous name;
- New PMI number;
- New name;
- Birth date; and
- Date of change to the new PMI number.

If the member is not re-enrolled in managed care organization (MCO) within sixty (60) days of the disenrollment, immediately request a PCA assessment from the county public health nurse.

Technical Change/Correction

Technical changes/corrections include, but are not limited to, incorrect:

- Provider name/ID#;
- Member/Recipient name/date of birth;
- HCPCS code/units/rate; and
- ICD-10 codes.

Submit the correct information on the "Home Care Fax Form" and use the comments section to explain why the correction is being requested.

Recovery of Excessive Payments

South Country Health Alliance will seek monetary recovery from home care providers who exceed coverage and payment limits. This does not apply to services provided to a member/recipient at the previously authorized level pending an appeal.

Changes in Medical Status or Primary Caregiver Availability

Changes in medical status are either temporary for forty-five (45) days or less or long term for up to 365 days (366 days in a leap year). These include, but are not limited to, a change in health or level of care, service addition, a change in physician orders, recent facility placement, or a change in primary caregiver's availability. Provider works with the care coordinator to submit the request and documentation to support the requested change in service. Temporary approvals are granted by the care coordinator and may only be approved for forty-five (45) days or less. South Country will not process back-to-back temporary requests from the County care coordinator.

DHS Internet Forms Available

- MCO Recommendation for Home Care Services (DHS edoc 5241)
- PCA Assessment and Service Plan (DHS edoc 3244)
- Supplemental Waiver PCA Assessment and Service Plan (DHS edoc 3428D)

For information on the electronic visit verification providers will be required to use see: [Electronic visit verification / Minnesota Department of Human Services \(mn.gov\)](#)

Telephone Numbers

- Provider Contact Center 1-888-633-4055

Care coordinator contact information is available by contacting the county the member resides in or South Country Member Services at 1-866-567-7242.

Legal References

- MS 256B.0659 PCA Services.
- MS 256B.0625, subdivision 19c qualified professional.