

Chapter 23

Personal Care Assistance (PCA) Services

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 Special Needs Basic Care (SNBC) 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).

NOTE: Effective, 01/01/2019, members on Prepaid Medical Assistance Programs (PMAP) and MinnesotaCare will receive Personal Care Assistance (PCA) services through the State of Minnesota Fee-For-Service Medical Assistance. Again, effective, 01/01/2019, PCA will no longer be a benefit through managed care (South Country Health Alliance). Providers must make sure that they receive a copy of any PCA assessments completed throughout 2018 to ensure that they have the tools necessary as this service transitions from managed care back to Minnesota counties to administer for Fee-For-Service Medical Assistance.

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.

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.

Assessment for PCA Services

PCA services are member-centered. Members must have an assessment for PCA services by an assessor through a lead agency (a county, tribal government, or managed care organization). During the assessment, the assessor determines if:

- The recipient can direct his/her own care or needs a responsible party (RP) to act on their behalf
- A need for PCA services exists; or if PCA services are the appropriate service to meet the recipient's assessed needs

If PCA services are assessed to be appropriate, most recipients have flexible use of their PCA services. The recipient/RP also chooses whether they want to receive either or both of the following:

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

Recipients/RPs must also select a Minnesota Health Care Programs (MHCP)-enrolled PCA provider agency they want to provide their PCA services. When the recipient selects the PCA

Choice option, they must select an agency enrolled specifically to provider PCA Choice services.

Supervision for PCA Services

All recipients receiving PCA services are required to have Qualified Professional (QP) supervision services. The QP works for the PCA agency to provide oversight and evaluation of the individual Personal Care Assistance (PCA) service delivery, to ensure the recipient's PCA service needs are met following the QP Services policy.

The PCA agency is responsible for ensuring the QP is:

- Meets the requirements in the QP criteria
- Develops the recipient care plan
- Completes the minimum required QP visits.

The QP must meet the definition above of a QP, clear a criminal background study before providing services, work for a PCA provider agency, and complete required training within 6 months of hire.

The QP must be develop or update a care plan:

- Within the first seven days of starting services with a PCA provider agency
- When there is a change in condition, tasks, procedure, living arrangements, responsible party or month to month plan
- Annually at the time of the reassessment
- The PCA care plan can only include services that are allowable as covered services and cannot include services identified as non-covered services as identified in this chapter.

A copy of the care plan must be in the members home, in the members file at the PCA provider agency and for shared services at the location where the shared services are being delivered.

For Traditional PCA: The QP must train and orient regularly scheduled PCAs on the needs of the member at the location where PCA services are being delivered. The QP must evaluate regularly scheduled PCAs within the first 14 days of providing services to the recipient, at the location where PCA services are being delivered. The QP must use professional judgment to determine the number of visits needed to ensure quality care. The QP may conduct additional training and evaluation visits if needed.

The QP must visit the location of service delivery and meet with the recipient and responsible party to oversee the delivery of PCA services at least:

- Every 90 days for the first year of service
- Every 120 days after the first year of service

After 180 days of service the QP may alternate face to face visits with telephone or web visits with the recipient/RP.

For PCA Choice: The QP may orient, train and evaluate individual PCAs at the request of the recipient/responsible party. The QP must visit the location of service delivery and meet with the recipient and responsible party to oversee the delivery of PCA services at least every 180 days.

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

Verifying Credentials for Qualified Professionals (QPs)

The QP works for and is reimbursed by the PCA provider agency. South Country 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) 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

- Meet provider training requirements set by DHS

Enrolling Individual PCAs

MHCP is the official enumerator 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 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
- 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 Recipients

Recipients with eligibility for one of the following MHCP programs are entitled to an assessment for PCA services to determine eligibility for PCA services.

IM Institution for Mental Disease

MA Medical Assistance

NM State-funded MA

Recipients not eligible to receive PCA services are those eligible for one of the following programs:

FP MFPP

HH HIV/AIDS

QM Qualified Medicare Beneficiary

**** For recipients enrolled in the Special Needs Basic Care, PMAP or Minnesota Care program, follow MHCP fee-for-service guidelines to obtain authorizations.**

Covered Services

South Country reimburses PCA covered services for enrolled recipients. South Country may reimburse for assistance with self-administered medications or services outside of Minnesota when identified on the recipient's Assessment, Service Plan and/or care plan documents.

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 wheel chair; not including providing transportation
- Positioning – Including assistance with positioning or turning a person for necessary care and comfort
- 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
- Complete household tasks integral to the PCA services, such as:
- Plan and prepare meals
- Shop for food, clothing and other essential items

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 recipient 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

- 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
- Inject fluids and medications into veins, muscles or skin

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

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

Noncovered Services

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

- Application of restraints or implementation of procedures under Minn. Stat. §245.825
- Home maintenance or chore services
- Homemaker services not an integral part of assessed need for PCA services
- Injections of fluid and medications into veins, muscles or skin
- Services that are the responsibility of a residential or program license-holder under the terms of a service agreement and administrative rules
- Services to meet staffing or licensing requirements for a residential or child-care setting
- PCA services provided by a non-relative who owns or otherwise controls the living arrangement
- PCA services provided without authorization
- Services provided by a recipient's spouse, parent of a recipient under the age of 18, paid legal guardian, licensed foster provider, except as allowed under Minn. Stat. §256B.0652, subd. 10, or responsible party
- Any administration of sterile procedures.
- Services not identified on the assessment and service plan or the recipient's care plan documents

- Transportation for the sole purpose of transporting (see Covered Services above)

Authorization Requirements

For information about prior authorizations and notifications, visit https://mnscha.org/?page_id=304.

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:

- A copy of the recipient's "Assessment and Service Plan" (PDF) (DHS-3244) or "Supplemental PCA Assessment and Service Plan" (PDF) (DHS-3428D) (for recipient's receiving authorization for PCA services through a waiver)
- Service Authorization for PCA services
- PCA Time and Activity Documentation for all individual PCA providers delivering services to the recipient
- QP documentation supporting the QP visit being billed
- Shared Services agreements signed by all recipients sharing PCA services (if applicable)
- PCA Choice Agreement signed by the agency and recipient/RP (if applicable)

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 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

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
- Enter one line per date of service, per individual PCA or QP, per HCPCS code or HCPCS/modifier combination

South Country uses the following HCPCS codes and modifiers for reimbursement of PCA services.

PCA Service	HCPCS Code	Modifier	Authorization Required	Service Unit
1:1 PCA Services	T1019		Yes	15 Minutes
1:2 PCA Services	T1019	TT	Yes	15 Minutes
1:3 PCA Services	T1019	HQ	Yes	15 Minutes

Supervision of PCA Services	T1019	UA	Yes	15 Minutes
Transitional Decrease in Units	T1019	U5	Yes	15 Minutes
Temporary Increase in Units	T1019	U6	Yes	15 Minutes
Extended PCA services (waiver services)	T1019	UC	Yes	15 Minutes

PCA Payment Limits

Code	Limit
PCA- T1019	1100 per calendar year
PCA Assessment- T1001	2 per calendar year
PCA Service Update- T1001 TS	1 per calendar year

PCA Claim submission

- Claims must be submitted electronically using the 837P claim format.
- South Country Health Alliance will seek monetary recovery for PCA providers that exceed 275 hours per month.
- Only one PCA provider per claim. Claims submitted with multiple PCA providers on the claim will be returned to provider.
- Only one service date per line. No date spans allowed for PCA services.
- PCA QP services are to be billed on a separate claim.
- 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.

For recipients 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
- Use all insurance and Medicare benefits

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.

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 South Country Health Alliance by fax at 507-431-6329 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 (888) 633-4052 indicating:

- 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 (888) 633-4052 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; or
- 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. Documentation must support the requested change in service. Temporary authorizations can only be approved for forty-five (45) days or less. South Country cannot approve back-to-back temporary requests.

DHS Internet Forms Available

- PCA Assessment and Service Plan (DHS edoc 3244)
- MA Referral for PCA Services (DHS edoc 3244P)
- Home Care Service Update (DHS edoc 3244B)
- Personal Care Decision Tree (MS - 0520B)
- Hardship Waiver Form – PCA and HCN

Telephone Numbers

- Provider Help Desk (800) 995-4543

Legal References

- MS 256B.0659 PCA Services
- MS 256B.0625, subdivision 19c Qualified Professional