

## Chapter 24

# Personal Care Assistant (PCA) Services

Personal Care Assistant (PCA) services are provided to assist and support people 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 home or in the community when normal life activities take him/her outside the home.

PCA services may only be provided when the following conditions are met:

1. A PCA assessment, completed by a county public health nurse (PHN), has established the need for PCA services
2. PrimeWest Health has authorized the services\*
3. The services are documented in the member's PCA care plan
4. The services are provided by a PCA under the direction of a qualified professional (QP)

\*The requirement for Service Authorization from PrimeWest Health is waived for Minnesota Senior Care Plus (MSC+) and Minnesota Senior Health Options (MSHO)\*\* members if the PCA agency is a contracted provider. If the PCA assessment determines the need for PCA services, the member's county case manager includes the PCA services on the member's care plan/service plan. All PCA services by non-contracted PCA agencies require Service Authorization.

[Home Care Services](#) are covered in Chapter 24-A.

## Eligible Providers

PrimeWest Health-enrolled agencies that employ individual PCAs include the following:

1. Personal Care Provider Organizations (PCPOs)
2. PCA Choice providers/fiscal intermediaries
3. Medicare certified, class A licensed home health agencies

PrimeWest Health requires enrollment by both the agencies that employ individual PCAs and each individual PCA. PrimeWest Health reimburses the agency, not the individual PCA, for services performed.

A [comparison chart](#) is available for PCPO and PCA Choice Agencies to identify provider responsibilities.

## General PCA Provider Requirements

All PrimeWest Health-contracted PCA providers must comply with the following responsibilities:

1. [Enroll](#) with PrimeWest Health
2. Follow the requirements outlined under [Requirements for Providers](#) in Chapter 1 of this *Provider Manual*
3. Confirm that all employed PCAs are enrolled with PrimeWest Health as individual PCAs
4. Fully identify all parties with an ownership/controlling interest of 5 percent or more
5. Fully identify all management officials
6. Comply with background study requirements as specified in [MS 245C](#)
7. Comply with general Medical Assistance (MA) [coverage requirements](#)
8. Comply with Workers' Compensation
9. Comply with PCA program policy

\*\*PrimeWest Health's name for this program is  
PrimeWest Senior Health Complete (HMO SNP)

10. Verify member [eligibility](#) on a monthly basis
11. Keep documentations of individual PCA time and activity between one PCA and one member using [DHS-4691](#) (or approved [alternate](#) form)
12. Maintain fidelity/dishonesty bond and liability insurance
13. Notify PrimeWest Health of cancellation/lapse of general liability insurance
14. Maintain documentation of services provided per MN Rules [9505.2175](#) and MS [256B.0655](#)

Owners of housing must follow the State requirements listed in MN Stat. sec. [256B.0659](#), subd. 3.

1. Maintain documentation of compliance with [PCA training](#).
  - a. Complete mandatory training requirements for all owners, managing employees, QPs, and billing personnel.
2. Use Generally Accepted Accounting Principles (GAAP).
3. Develop and maintain agency policies and procedures for the following:
  - a. Prevention, control, and investigation of infections and communicable diseases
  - b. Hiring of employees
  - c. Training, including a listing of all trainings and classes the agency requires of its individual PCAs
  - d. Employee misconduct
  - e. Service deliveries
  - f. Employee and consumer safety, including notification and resolution of consumer grievances
  - g. Member directed supervision activities
  - h. Others as appropriate
4. Notify PrimeWest Health Provider Enrollment when PCA employees are hired/terminated.
5. Apply for criminal background checks for each PCA at time of employment.
6. Verify each PCA does not appear on the Office of Inspector General (OIG) [exclusion list](#).
7. When appropriate, coordinate services with a Medicare-certified home health agency to meet member's needs.
8. Maintain an individualized PCA care plan in each member file.
9. Provide services in a manner consistent with member's independent living ability.
10. Manage shared care.
11. Manage/monitor [Flexible](#) and [Standard Use](#).
12. Document identity of responsible party if member cannot direct own care.
13. Notify PrimeWest Health when the responsible party changes.
14. Demonstrate knowledge of, sensitivity to, and experience with the following:
  - a. Special needs
  - b. Communication needs
  - c. Independent living needs
15. Document all activities provided to each member by initialing and completing the Minnesota Department of Human Services (DHS)-approved timecard ([DHS-4691](#)) or approved alternate form.
16. Ensure the services initialed on the PCA time card:
  - a. Meet the member's needs for health and safety
  - b. Are reflected in the member's PCA care plan
  - c. Reasonably account for the amount of time billed for PCA services
17. Ensure PCA services provided are reflected in the member's care plan.
18. Request reassessments 60 days before end of current service agreement using correct form (DHS-3244P). Request for re-assessment should be sent to the county Public Health agency.
19. Manage Flexible Use-approved units/hours.
20. Document each PCA's completed training.
21. QP provides training and supervision.
22. QP develops PCA care plan.
23. QP provides supervision as required.

24. Ensure the health-related functions performed by the PCA are under the supervision of a QP or the direction of a physician.
25. Possess the capacity to enter into a legally binding contract.

### **Additional Requirements for PCPOs**

1. Possess the capacity to enter into a legally binding contract.
2. Maintain a scheduling system.
3. Notify the county PHN or county case manager of changes in needs or health status of the member.
4. Maintain quality assurance mechanisms.
5. Demonstrate a training and supervision system for PCAs.
6. Recruit and hire staff per agency policy and PCA criteria.
7. Provide required basic training (e.g., blood-borne pathogen, etc.).
8. Ensure a QP is employed to supervise PCA services.

### **Additional Requirements for PCA Choice Agency/Fiscal Intermediary**

The PCA Choice provider (fiscal intermediary) must ensure the following:

1. A written agreement exists between the member/responsible party, PCA Choice Agency, PCA, and QP. This agreement must include the following:
  - a. Duties of the member, PCA, QP, and PCA Choice provider
  - b. Salary and benefits for the PCA and QP
  - c. Administrative fee paid to the PCA Choice provider and services included with fee, including background studies
  - d. Response procedures for billing/payment complaints
2. The member/responsible party, not the provider, recruits and hires a PCA and a QP
3. Fiscal support services provided for the member include the following:
  - a. MA billing
  - b. Federal and State tax withholding
  - c. Payroll for PCA and QP
  - d. Workers' compensation
  - e. Liability insurance

If the member/responsible party requests the PCA Choice option during the current service agreement period and the last assessment was a "service update," a new face-to-face assessment is required. All subsequent assessments must be face-to-face if the member continues to receive services through the PCA Choice option. An annual face-to-face assessment is completed by the county PHN.

Reimbursement for PCA service is paid at the MA rate to the PCA Choice provider. Reimbursement not designated as a provider administrative fee must pay PCA and QP salaries and benefits.

### **Individual PCA Requirements**

The individual PCA must:

1. Enroll with PrimeWest Health as a provider of PCA services
2. Enroll with Minnesota Health Care Programs (MHCP) as a provider of PCA services
3. Be at least 18 years old, with the following exceptions:
  - a. If the individual PCA is 16 or 17 years of age, the individual PCA must have either:
    - i. Participated in a related school-based job training program; or
    - ii. Completed a certified home health aide competency evaluation

4. Work for only one PCA agency
5. Successfully complete at least one of the following training requirements before providing services:
  - a. Nursing assistant program
  - b. Equivalent nursing assistant competency (tested and passed by State Board of Vocational Education)
  - c. Homemaker, home health aide pre-service program (Minnesota Department of Health [MDH] recommended curriculum)
  - d. Accredited licensed RN/LPN educational program
  - e. Training program for required skills necessary to perform covered PCA services
6. Undergo background study requirements specified in [MS 245C](#)
7. Understand the PCA care plan
8. Understand the member's needs
9. Provide covered PCA services according to the care plan
10. Understand safety issues, including how to access emergency assistance
11. Report changes in the member's condition
12. Be able to communicate with the member
13. Not be the responsible party
14. Not be a recipient of MHCP personal care services
15. Not be a corporate legal guardian

### **Personal Care Assistant (PCA) Hour Limits**

Based on a decision by the 2009 Minnesota Legislature, effective **July 1, 2009**, an individual PCA can only work a total of 275 hours per month, and any claims in excess of this limit will not be paid. Because this is a legislative action, it applies to all health plans, including PrimeWest Health. **As such, PrimeWest Health is currently denying PCA claims that exceed the limit of 275 hours per month.**

In addition to the monthly limit of 275 hours, PrimeWest Health has set limits on the length of the work day for PCAs in an effort to ensure member safety. **Effective November 6, 2009, PrimeWest Health will limit reimbursement for individual PCAs to 16 hours per day, regardless of the number of members served or agencies involved, and will deny claims once the 16-hour a day limit is reached.**

### **Requirements for Qualified Professionals (QP)**

A QP must be one of the following:

1. An RN as defined in MS [148.171](#)
2. A mental health professional as defined in [MS 245.462](#), subd. 18 or [245.4871, subd. 27](#)
3. A licensed social worker as defined in MS [148D.010, subd. 13](#)

A QP must:

1. Provide supervision of PCA staff that includes the following:
  - a. The development and review of a PCA care plan that corresponds with the county PHN assessment and service plan/update
  - b. Observation of the PCA performing direct care services
  - c. Evaluation of service outcomes with member/responsible party
  - d. Evaluation of site and whether outcomes are being met
  - e. Modification of PCA care plan and re-training PCA workers as needed
2. Be employed by a PrimeWest Health-enrolled agency
3. Be recruited and hired by a member of PCA Choice (with a written agreement)
4. Have completed Steps for Success Training within six months of hire by a PCA provider agency

## QP Documentation Requirements

The QP is responsible for documenting all details of supervision, including the following:

1. Date and time of supervisory visits
2. Number of hours spent on supervision
3. Changes in the member's condition
4. What the individual PCA is doing to address the member's condition change
5. Scheduling
6. Member comments
7. Document completion of supervision

## QP On-site Supervision Requirements

QPs must supervise the PCA onsite as follows:

1. Within the first 14 days of new PCA placement with the member
2. At least once every 30 days during the first 90 days the member is getting PCA services
3. At least once every 120 days following MN Rules part [9505.0335](#) subd. 4
4. At least once a service year when PCA Choice member elects QP supervision (service year refers to start of service rather than calendar year)

## Requirements for the Public Health Nurse/County

1. Complete PCA assessment.
2. Discuss PCA program options with member.
3. Determine, with member, Flexible Use hours for six-month intervals, if requested and approved.
4. Determine number of PCA units based on assessment and [PCA decision tree](#).
5. Recommend number of QP units.
6. Fax completed assessment form and service plan to PrimeWest Health at **1-866-431-0804** (toll free).
7. Provide a copy of the PCA assessment/service plan to the PCA provider.
8. Provide a copy of the PCA assessment and service plan to the member and the provider chosen by the member within 10 working days of the assessment.
9. Ensure stated service plan goals relate to the member's needs to remain in the community.
10. Provide information on how to obtain a PCA Program Consumer Guidebook to member.
11. Determine appropriate use of shared care and indicate on Service Agreement.

Additional information for county PHNs can be found in the [DHS Disability Services Program Manual \(DSPM\)](#).

## Service Plans

A service plan is a written description of the services needed by the member based on the assessment. The service plan must be developed by the county PHN or the PHN under contract with the county that conducts the PCA assessment together with the member/responsible party. The service plan must include a description of the home care services, the frequency and duration of services, and the expected outcomes and goals. Also included is information about the responsible party, choice of supervision, Flexible Use, and shared care. The member/responsible party and the home care provider must be given a copy of the completed service plan within 10 working days of the assessment.

## Eligible Members

The following programs' members are eligible for PCA services:

1. Medical Assistance
2. MinnesotaCare: Expanded Benefit Set
3. Waiver Service Programs

Members must meet all of the following criteria:

1. Need PCA services to live in the community
2. Have a stable medical condition
3. Be able to identify his/her needs or have a responsible party
4. Be able to direct and evaluate PCA task accomplishment or have a responsible party providing this support
5. Be able to provide for his/her health and safety or have a responsible party that is able to do so
6. Live in his/her own home that is NOT a hospital, nursing facility, intermediate care facility, health facility licensed by MDH, or foster care setting licensed for more than four residents
7. Have a service plan developed with the county PHN/county case manager that specifies the PCA services needed
8. Have a Service Authorization for PCA services from PrimeWest Health
  - a. In addition, PCA services may only be provided when determined medically necessary through the assessment process

## Ventilator-Dependent Members

A ventilator-dependent member is a member receiving mechanical ventilation for life support at least six hours per day and is ventilator-dependent for at least 30 consecutive days.

The provider is responsible for training the PCA responsible for working with a ventilator-dependent member. All training and supervision must be documented and on file in the PCA's employment record. If offering personal care services to a ventilator-dependent member, the provider must demonstrate the ability to do the following:

1. Train the individual PCA
2. Supervise the PCA in ventilator operation and maintenance
3. Supervise the member/responsible party in ventilator operation and maintenance

## Requirements for a Responsible Party

The PCA program requires members receiving PCA services be able to direct their own care or have a responsible party that is able to do so. The responsible party must:

1. Be 18 years or older
2. Be able to provide necessary support to assist member with remaining in the community
3. Not be the PCA
4. Be identified and present at the time of all assessments
5. Be listed on the service agreement and PCA Service Plan

The responsible party **cannot** be the:

1. PCA
2. QP
3. PCA agency staff
4. County case manager/supervisor, unless specified in a court order

5. Foster care license holder, unless there is a face-to-face visit provided by county case management every six months to do the following:
  - a. Monitor the member's health and safety
  - b. Ensure goals of the care plan are met

The responsible party is required to do the following:

1. Be accessible (any mode that allows for direct communication) to the person and PCA when services are provided, as determined by the responsible party and the provider. For example, the PCA calls the responsible party when services are being provided.
2. Monitor PCA services at least once per week
3. Determine if the member's health and safety are assured with current support service
4. Actively participate in the planning and direction of PCA services
5. Report suspected member abuse/neglect to the local county human service agency
6. Attend all PCA or long-term care (LTC) assessments
7. Complete required forms, including signing timesheets
8. Provide written documentation to request a change in provider
9. Develop the care plan with the qualified professional
10. Make choices for the person such as type of PCA provider, supervision, hiring, training of staff, and scheduling

Responsible parties who are parents of minors or guardians of minors or incapacitated people may delegate responsibility as necessary according to the following guidelines:

1. Delegation must be for a period of at least 24 hours but not more than six months total time during a one-year period.
  - a. The one-year period begins at the start of the current member's service agreement.
  - b. All or part of the responsibilities may be delegated.
2. The delegate must reside with the member while serving as the responsible party unless the care plan or Individual Community Support Plan identifies competent supervision and monitoring to ensure the member's health and safety through one of the following:
  - a. Case management (targeted or other types)
  - b. Home and Community Based Waivers
  - c. Home care
3. The person who is the delegated responsible party must meet criteria and assume responsibilities determined by the person's responsible party

## Assessments

An assessment is the review and evaluation of a member's need for home care services and includes the following:

1. Documentation of the health status of a person
2. Determination of need for PCA services
3. Information about options available to a person in the PCA program
4. Identification of appropriate services including PCA and QP
5. Coordination of services and referrals to appropriate payers and community resources
6. Completion of required reports and additional documentation as necessary to substantiate services
7. Authorization recommended
8. Evaluation of service effectiveness

Eligible members or their representative, with consent of the member, may request an initial PCA assessment at any time.

Subsequent assessments are conducted annually, or when there is a significant change in the member's condition.

If the PCA provider makes the referral for PCA services, the provider must complete the MA Health Status Assessment Referral for PCA Services (DHS-3244P) form and mail or fax the form to County Public Health Nursing Department.

Assessments are completed:

1. By county PHN/certified PHN under contract with the county
2. By the county case manager for Elderly Waiver (EW) services

An assessment must be completed:

1. **Before** services begin
2. When there is a change in the member's need for service
3. Annually thereafter (requested 60 days prior to the end of the current Service Authorization by the PCA provider )

For additional information about waiver services, refer to the appropriate chapters in this manual, or call the Provider Contact Center at **1-866-431-0802** (toll free). An assessment must be completed any time PCA services are requested.

### **New Assessment Criteria**

Effective Dec 1, 2009, lead agency assessors will use the following new assessment criteria to determine the need for PCA services and the amount of time given.

To receive PCA services, the member must have one of the following:

1. Dependency in at least one activity of daily living (ADL)
2. Level 1 behavior (physical aggression toward self, others or destruction of property requiring the immediate response of another person)

PCA services are not based on minutes per task. Time is based on the assessment criteria. The member's home care rating will determine the base amount of time. Additional time is added to this base amount if the member also has any of the following:

1. Critical ADL dependency, such as eating, transfers, mobility, and toileting
2. Complex health-related needs, such as tube feeding, wounds and bowel programs
3. Behavioral needs

### **Reassessment Outcomes**

1. The reassessment determines the need and amount of time for PCA services. The number of hours may increase, decrease, or stay the same. Some reassessments may result in PCA services being stopped.
2. Members who no longer meet the criteria to access PCA services or receive a reduction in time will receive a 30-day notice of these changes. This includes reductions to the maximum CSG grant amount.
3. All members who receive PCA services will receive and be limited to 96 units (15 minute per unit) of qualified professional supervision per year.

## Covered Services

PCA services are an individual, one-to-one based service (with the exception of shared care) to meet the member's needs to maintain independence in the community.

Delivery models that provide this are eligible for reimbursement by PrimeWest Health if they meet all policy and program requirements.

Covered services are determined by the PCA assessment and may include the following:

1. ADLs
2. Instrumental Activities of Daily Living (IADL), when the PCA assessment determines the need (IADL is not covered for members under age 18)
3. Health-related functions that can be delegated or assigned under state law by licensed health care professionals to be performed by a PCA (must be under the direction of a qualified professional or physician)
4. Redirections and intervention for behavior including observation and monitoring

## Combination PCA Hospice and Other Home Care Services

PCA combinations are services that include a PCA and one or more of the following options:

1. Home Health Aide (HHA)
2. Skilled Nursing (SNV)
3. Private Duty Nursing (PDN)

Home care services must be medically necessary and cost effective. The home care rating determines the maximum dollar amount that can be authorized for all home care services. See the PDN and PCA decision trees for further information.

[PCA Decision Tree \(DHS-4201\)](#)

[PDN Decision Tree \(DHS-4071\)](#)

PrimeWest Health coordinates any combination of PCA with other home care services through its utilization review team and the county PHNs as needed.

## Standard or Flexible Use Option

All PrimeWest Health PCA service hours/units are authorized in two date spans, with the total months covered up to one year (12 months). At the time of the PCA assessment, the county PHN or a waiver case manager and the member/responsible party must discuss and determine the appropriate option.

1. **Standard Use Option:** date spans reflect the daily average allocation
2. **Flexible Use Option:** hours/units may vary from month to month (no more than 75 percent of the total authorization may be allocated in any six-month date span)

[The Flexible Use Option Consumer Toolkit](#) can be helpful to providers in managing the flexible use of their service hours.

The DSPM has the Flexible Use Option policies available in a table format.

PHNs and county case managers can review [Guidelines for Flexible Use Option of State Plan PCA Service Hours/Units](#) for more detailed policy descriptions.

The member/responsible party must carefully select the number of units within each six-month period.

The QP must develop and document a month-to-month plan with the member/responsible party on projected use of PCA hours

PCA providers must do the following:

1. Monitor Flexible Use hours for correct billing, according to the plan/Service Authorization
2. Notify both the PHN and member/responsible party in advance and in writing when the number of units is likely to go over authorized number of units for the month. MHCP has a form (DHS 5014) that can be used to report potential overuse of hours to PrimeWest Health.
3. Complete and return the DHS 5014 PCA reporting form when notified of potential hours overuse.

**Unused PCA units are not transferable.** After the PCA units are assigned to a six-month period on the SA, they cannot be transferred from one six-month period to another.

### **Revocation of Flexible Use Services**

When the Flexible Use Option hours exceed the authorized number of units for a period of two out of three months, PrimeWest Health may notify the PHN, the member/responsible party, and the provider in writing that the Flexible Use Option will be revoked (denied) beginning the following month. Denials may be Appealed by the member/responsible party. Provider may not Appeal a denied PCA Choice request. Denial, revocation, or suspension to use PCA Choice will not affect the member's authorized level of service.

PrimeWest Health may revoke or deny the Flexible Use Option at any time if a consumer:

1. Requests not to participate in the Flexible Use Option
2. Misuses their PCA service hours/units
3. Exceeds the average monthly authorization for two months
4. Is placed on the Minnesota Restricted Recipient Program (MRRP)

### **PCA Choice**

Members may choose the PCA Choice Option, also known as a fiscal intermediary. This allows the member more flexibility, choice, control, and responsibility for his/her service needs. The PCA Choice provider may provide technical guidance in employment matters, bills for services, and pays the PCA and QP based on actual hours of services provided. These activities must be completed in accordance with all applicable federal and state laws including withholding unemployment insurance, Workers' Compensation, liability insurance, and any other benefits. See the *Provider Responsibilities* section of this chapter.

### **Denial of PCA Choice**

PrimeWest Health may deny, revoke, or suspend authorization to use PCA Choice if the county PHN, county case manager, QP or PrimeWest Health determines that:

1. The use of this option jeopardizes the member's health and safety
2. The parties fail to comply with the written agreement
3. Abusive or fraudulent billing for PCA services has occurred
4. The member is placed on the Minnesota Restricted Recipient Program (MRRP)

## Shared Care

Shared care is an option where two or three recipients choose to share PCA services in the same setting at the same time from the same PCA worker. If the member is using PCA Choice Option, the same PCA Choice provider must be used for all of the recipients' shared care. The member can select the shared care option at any time by contacting his/her PHN or county case manager if on waivers. Providers do not select the shared care option for their clients.

Members may use one-to-one PCA services for part of the hours and shared PCA services for the remaining time.

### **Shared Care PCA services are covered in the following locations:**

1. Recipient's home
2. Foster care home
3. Outside the home or shared care site when normal life activities take the recipients outside the home, such as the following:
  - a. Enrichment classes
  - b. Before and after school programs
  - c. Childcare program operated by a local school district/private school. Please note the following:
    - i. PCA cannot replace/supplement required childcare center staff
    - ii. PCA cannot provide services to other non-PCA members in childcare setting
    - iii. Required childcare staff ratios for licensure must be met
4. Home day care programs
5. Integrated licensed child care

Any setting providing care to children must meet state licensing standards. PCAs do not count toward the required child-staff ratios for any setting.

Shared care cannot be billed when there are more than three people receiving services at the same time, in the same setting.

### **Shared Care Provider Responsibility**

When the member requests shared care:

1. PHN conducts a face-to-face assessment to establish this option
2. PHN assesses and approves the shared care option only if shared care is appropriate and safe based on:
  - a. Each recipient's health status and psychosocial needs
  - b. Site suitability
  - c. Compatibility of the recipients' age and needs
  - d. Each recipient sharing care must use same agency for shared care units
3. PHN will offer shared care option during assessment/service update process
4. Member does not have to receive all PCA services in a shared care setting

When shared care is approved:

1. The Service Authorization will state, "shared care option selected"\*
2. Shared care payment rates apply if a PCA is caring for two or three recipients in the same place\* at the same time

\*Share care rates DO NOT apply when the individual PCA provides services to recipients residing in separate apartments.

After the county PHN authorizes shared care for a member, but before starting services, the provider must work with the member to arrange shared PCA services by determining the following:

1. If all recipients are approved for and agree to shared PCA services
2. If the ages, psychosocial needs, service expectations, and geographical location of all potential shared care recipients are compatible
3. The amount of PCA units shared by recipients
4. If a suitable, a safe environment is available based on involved recipients needs and preferences
5. If there is alternative plan in place for days shared care is not appropriate (e.g., during an illness)
6. If individual PCAs are fully trained to meet each shared care recipient's needs
7. If individual PCAs are retrained as needed/required
8. That the service outcome of each recipient is evaluated

## Choice of Supervision

PCA services are provided under the supervision of either:

1. A QP if requested by the member at assessment ([MS 256B.0655](#)); or
2. The member/responsible party along with the member's physician

Health-related functions performed by the PCA are required to be under the supervision of a QP or the direction of a physician.

## Provision of PCA Services Outside of Minnesota

Members can use PCA services when temporarily living outside Minnesota if all following criteria are met:

1. Enrollment in PrimeWest Health (a Minnesota Medical Assistance PMAP)
2. Residency requirements are maintained
3. The member is temporarily living outside Minnesota for:
  - a. Employment
  - b. Training
  - c. Attending an educational facility
4. The county annually assesses and authorizes member's PCA services; the assessment must:
  - a. Be face-to-face
  - b. Occur in member's permanent Minnesota residence
5. Member is:
  - a. Age 18 or over
  - b. Able to direct his/her own care or is accompanied by responsible party
6. Member is not on the waiver program
7. Member identifies a PrimeWest Health-enrolled PCPO or PCA Choice provider
8. All PrimeWest Health provider requirements must be followed, including the following:
  - a. Individual PCA identification numbers (National Provider Identifier [NPI] or Unique Minnesota Provider Identifier [UMPI])
  - b. Background studies
9. Provider must be made aware of, and agree to, services occurring outside of Minnesota
10. If members choose to have a QP supervise or jointly supervise PCA services, agency/professional providing supervision must agree and have plan in place for how supervision will occur
11. Member's care plan includes emergency assistance backup plan
12. Member's care plan defines how assistance needs are met while out of Minnesota

## Non-Covered Services

1. Services not specified in service plan developed by county PHN
2. PCA services provided in the PCA's home unless the PCA resides in member's household
3. Sterile procedures
4. Injections of fluids into veins, muscles, or skin
5. IADLs for children under the age of 18
6. Home maintenance or chore services
7. Homemaker services not as an integral part of assessed PCA services
8. Services provided without Service Authorization from PrimeWest Health
9. Services provided by member's spouse, corporate guardian, or parent (if member is less than 18 years of age)
10. Services provided by a responsible party for a person who cannot direct his/her own care
11. PCA assessments and reassessments done by an RN from a PCPO or a home health agency
12. Services provided by an independently enrolled RN
13. Services provided by foster care provider of a person unable to direct his/her own care unless monitored with face-to-face visits by a county/state case manager at least every six months
14. Services provided and billed by a provider not enrolled with PrimeWest Health
15. Services provided by residential/program license holder in a residence for more than four persons
16. Services provided to a person unable to direct his/her own care, whose responsible party is:
  - a. An employee of provider
  - b. Under contract with the provider
  - c. Had any direct/indirect financial relationship with the provider/PCA
17. Services that are the responsibility of a residential or program license holder under the terms of a service agreement or administrative rules (includes foster care providers)
18. Staffing options in a residential or child care setting
19. Services solely as a child care or babysitting service

## Authorization Requirements

All PCA and QP supervision services require authorization (Service Authorization). It is the responsibility of the PCA organization to have a current Service Authorization in place **before** providing services.

Providers are directed to the *Service Agreement Quick Reference Guide* in the DHS **Provider Manual** for information about Service Authorization for clients who have gone from fee-for-service to PrimeWest Health, or vice versa.

The PCA assessment is used by PrimeWest Health to determine the amount of services to authorize.

PrimeWest Health authorizes PCA services for six month blocks of time as noted on the service plan completed by the PHN assessor.

## Billing

### Provider Documentation

Providers must keep required statutory documentation per [MN Rules part 9505.2175](#) in member's file. Documentation includes the following:

1. Evidence that PCAs met training requirements
2. Copy of the service plan form the county PHN/county case manager

3. Care plan (updated at least once a year)
4. Backup and emergency plan information
5. Service Authorizations
6. Copies of all notices sent to member about PCA services going over authorized hours
7. Documentation showing the agency verified each PCA does not appear on the Office of Inspector General (OIG) exclusion list
8. Supervision documentation
9. Written agreements if PCA Choice
10. DHS background studies
11. Responsible party information
12. PCA services recorded using the DHS-4691 timecard or a DHS approved alternate format. Time cards must include:
  - a. The statement, “It is a federal crime to provide false information for Medical Assistance payment” above the member/responsible party and PCA signatures
  - b. Instructions for the member to draw a line through dates and times if services were not received
  - c. Member:
    - i. Name
    - ii. Date of Birth (DOB)
    - iii. PrimeWest Health member number
    - iv. Signature (member’s or responsible party)
    - v. Date
  - d. PCA:
    - i. Name
    - ii. NPI or UMPI
    - iii. Signature
    - iv. Date
    - v. Relationship to member

The PCA must document all activities provided, including the following:

1. Date of service (day/month/year)
2. Arrival and departure times (including a.m./p.m. notation)
3. Shared care ratio (staff to member)
4. Shared care location
5. Daily total time
6. Total time for all PCA services documented on the timesheet

### PCA Service Procedure Codes

#### Rate Tables

PCA Services	Procedure 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

Effective October 1, 2011, PrimeWest Health requires all PCA agencies to identify, document, and report individual PCA and member relationships for all PCA services provided to PrimeWest Health members, including extended PCA services through the Elderly Waiver program.

### Identify and Document Relationships

The PCA agency must identify and document the relationship of each individual PCA provider with each member for whom they provide services.

1. Complete the [Individual PCA Relationship Acknowledgement](#) and keep it in the agency’s files and the recipient’s health service record.
2. Identify the relationship on the agency’s [PCA Time and Activity Documentation](#) (DHS-4691) form (or an approved [alternate form](#)) each pay period, and keep the form in the agency’s files.

Do not submit these forms to PrimeWest Health, but keep them in the PCA agency’s files. Failure to maintain required documentation may result in fines to the PCA provider agency.

### Report Relationships

PrimeWest Health requires PCA providers to identify and report the relationship of the individual receiving PCA services to the PCA provider on **all PCA claims**, including claims for extended PCA services. The following modifiers are required on services billed as T1019 services:

Modifier	Individual PCA Provider Relationship to Recipient
U1	Parent/adoptive parent, sibling, adult child, grandparent, or grandchild
UD	No relationship/not related as any of the above

The public health nurse and the county/tribal case managers are not required to:

1. Report relationship information on assessments or Service Authorizations
2. Make changes to the rates on the Service Authorization because of relationship

### Submit Claims

Except for QP supervision (T1019 UA) claims, all other fee-for-service T1019 claim lines must also include at least one of the relationship modifiers from the table above on each claim line. All other HCPCS code and modifier combinations still apply to PCA claims. MHCP will cut back the payment rate during the claim processing.

PCA & Caretaker Billing Examples	
For the following PCA service:	Use combination below:
1:1 PCA services provided by the grandmother of the member	T1019 U1
1:1 PCA services provided by the parent of an adult member	T1019 U1
1:1 Extended PCA services provided by the parent of an adult member	T1019 UC U1
1:2 PCA shared services provided by the adult child of the member	T1019 TT U1
1:1 PCA services provided by an individual PCA not related to the member	T1019 UD
1:1 PCA services provided by an individual PCA related to the member, but	T1019 UD

not one of the relationships specified in the table above (such as a cousin)	
Qualified professional supervision (relationship information not required)	T1019 UA

PrimeWest Health will deny PCA service claim lines with dates of service on and after October 1, 2011, if you:

1. Do not include at least one of the relationship modifiers on the claim line (except claim lines for QP supervision)
2. Enter more than one of the relationship modifiers on the same claim line
3. Include a relationship modifier to bill QP supervision
4. Do not meet other PCA billing requirements

\*When a PHN determines a reduction in PCA units per day based on an assessment, PrimeWest Health is required to give members a 30-day notice about the PCA service unit decrease. PrimeWest Health allows a 30-day notice period for transitional care from the higher number of PCA service units per day to the lower number of PCA service units per day. PrimeWest Health will show modifier U5 next to procedure code T1019 on the new service agreement to show the transitional 30-day notice period.

\*\*When a member has a change in condition, the provider is responsible for notifying the PHN, who will contact the member/responsible party to determine if an increase in PCA service units is necessary.

If needed, the county PHN will recommend a temporary increase (up to 45 days) to the currently approved PCA service units. PrimeWest Health will send providers a new service agreement, showing modifier U6 next to procedure code T1019 on the new service agreement, indicating the additional, temporarily increased PCA service units.

For shared PCA services (1:2 and 1:3), the service agreement will authorize procedure code T1019 and state that the shared care option was selected. The Provider must use appropriate modifier to indicate shared care for billing.

Claims for individual PCA line items:

1. Bill only for the individual PCA, submit supervising QP and nursing charges on separate claims.
2. Include the individual rendering NPI for the PCA on each line item.

Claims for QP supervision or nursing services:

1. Bill separate from PCA claims
2. Do not list the nurse’s individual NPI as the rendering provider. Submit claims using the facility NPI.

Additional information about PCA services can be found in the *Disability Services Program Manual (DSPM)*.

## Definitions

**Activities of Daily Living (ADL):** Routine self-care functions such as eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning.

**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.

**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 provider.

**Flexible Use Service:** 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. PrimeWest Health follows MHCP guidelines in establishing two six-month periods for the PCA Flexible Use Option. The Flexible Use Option allows authorized PCA units to vary from day to day to meet the needs and schedules as specified 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.

**Home Care Agency (or Class A Agency):** An agency holding a Class “A” license from MDH, authorized to provide private duty nursing only.

**Home Care Rating:** A rating system based on the common assessed needs of individuals that establishes cost limits.

**Home Health Agency (HHA):** A public or private agency or organization, or part of an agency or organization, that is Medicare-certified and holds a Class A home care license from MDH.

**Instrumental Activities of Daily Living (IADL):** Individual activities relating to ADLS that include: meal planning and preparation; managing finances; shopping for food, clothing, and other essential items; completing necessary homemaking tasks; communication by telephone and other media; and getting around and participating in the community. PrimeWest Health considers IADLs to be parental responsibility in the majority of cases where a child is the recipient

**Medically Necessary or Medical Necessity:** A health service consistent with the member’s diagnosis or condition. It is recognized as the prevailing standard or current practice by the provider’s peer group, and meets one of the following:

1. Is rendered in response to a life-threatening condition or pain
2. Is rendered to treat an injury, illness, or infection
3. Is rendered to treat a condition that could result in physical or mental disability
4. Is rendered to care for the mother and child through the maternity period
5. Is rendered to achieve a level of physical or mental function consistent with prevailing community standards for the diagnosis or condition

**Personal Care Provider Organization (PCPO):** An agency that meets DHS standards and has signed a provider agreement with PrimeWest Health to provide PCA services, also known as a Personal Care Provider or PCA Agency.

**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.

**PCA Choice Provider (also known as fiscal intermediary):** A provider who enrolls with PrimeWest Health to give fiscal intermediary supports to members choosing the PCA Choice Option.

**Personal Care Assistant (PCA):** An individual enrolled with PrimeWest Health and employed by a PCPO, a home health agency, or is jointly employed by the member and a PCA Choice Provider. The PCA is trained in the skills needed to perform the member’s PCA service needs. PCAs must be enrolled with MHCP and PrimeWest Health.

**Personal Care Assistant Services:** Human assistance and support to people of any age with disabilities and special health care needs, living independently in the community.

**Private-Duty Nursing Agency:** An agency holding a Class A Home Care license enrolled with the PrimeWest Health to provide private duty nursing services.

**Qualified Professional (QP):** A registered nurse, mental health professional, or licensed social worker who is responsible for supervision of PCA services.

**Residence:** The place a member lives. A residence does not include a hospital, nursing facility, or intermediate care facility.

**Responsible Party:** An individual, at least 18 years of age, who is capable of providing the support necessary to assist a person to live in the community and actively participates in the planning and direction of PCA services and cannot be the PCA.

**Service Authorization:** The document used to identify services, providers, and payment information for a person receiving services. The Service Authorization allows providers to bill for approved services and allows the PrimeWest Health to audit usage and payment data.

**Service Plan:** A written description of the services needed by the member based on the assessment.

**Skilled Nurse Visits (SNVs):** Intermittent nursing services ordered by a physician for a member whose illness, injury, physical, or mental condition creates a need for the service. Services under the direction of an RN are provided in the member's residence by an RN or LPN and provided under a plan of care or service plan that specifies a level of care that the nurse is qualified to provide. Provided by a Medicare-certified agency.

**Standard PCA:** Limited use of PCA service hours/units to a monthly basis: daily and weekly usage of PCA service hours/units should be close to the daily average allocation. Hours do not transfer from month-to-month.

**Temporary Disenrollment from PrimeWest Health:** Refer to Chapter 24 of the MHCP Manual

**Ventilator-Dependent Recipients:** A member who receives mechanical ventilation for life support at least six hours per day and is expected to be or has been dependent for at least 30 consecutive days.

## Legal References

[Code of Federal Regulations \(CFR\) Title 42, Part 440.167](#)

[MS 148.171](#) (Registered Nurse)

[MS 245A](#) (Human Services Licensing Act)

[MS 245C](#) (Human Services Background Studies)

[MS 252A.02 subd. 3a](#) (Corporate Legal Guardianship)

[MS sec. 256B.0625](#) (Covered Services)

[MS sec. 256B.0651](#) (Home Care Services)

[MS sec. 256B.0655](#) (Personal Care Assistant Services)

[MN Stat sec. 256B.0659, subd. 3](#) (Personal Care Assistant Services)

[MN Rules part 9505.0335](#) (Personal Care Services)

[MN Rules part 9505.0335 subd. 3](#) (PCA Training)

[MN Rules part 9505.0335, subd. 4](#) (On site Supervision requirements)

[MN Rules parts 9502.0315 – 09502.0445](#) (Licensing Daycare facilities)

[MN Rules parts 9503.0005 – 9503.0170](#) (Child Care Centers)

[MN Rules part 9505.2175, subd. 7](#) (Documentation of Services)

[MN Rules 9505.0175, subd. 25](#) (Medical Necessity)