

Chapter 24

Personal Care Assistance (PCA) Services

Effective January 1, 2019, Imcare is only responsible for payment for PCA services for IMCare Classic (HMO SNP) and Minnesota Senior Care Plus (MSC+) members. Minnesota Department of Human Services (DHS) fee-for-service (FFS) authorizes and pays for PCA services for Families and Children and MinnesotaCare members.

[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) or county case manager when conducting a long-term care consultation [LTCC] for Home and Community Based Services [HCBS] eligibility as defined by [MN Stat. sec. 256B.0659, subd.3a.](#)) has established the need for PCA services
2. IMCare 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)

* 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 require Service Authorization.

Home care services are covered in Chapter 24A, Home Care Services.

Definitions

Activities of Daily Living (ADL): Routine self-care functions such as 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 provider.

Flexible Use Service Option: 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. IMCare follows Minnesota Health Care Programs (MHCP) guidelines in establishing two six-month periods for the PCA Flexible Use Service Option. The Flexible Use Service 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: Home health care agencies are entities that offer a broad level of care given by skilled medical professionals and require a license from the Minnesota Department of Health (MDH). Home care services are provided in a variety of settings including the following:

1. Individuals' private homes
2. Residential homes where there may be multiple members*
3. Larger multi-unit establishments, often with communal dining and other shared spaces*

*These settings are called “housing with services establishments.” They may be required to register with MDH or they may hold an optional registration.

Home Care Rating: Cost limits that establish a rating system based on the common assessed needs of individuals.

Home Health Agency: A home health agency delivers health services specified in [MN Rules part 9505.0295](#), [MN Stat. sec. 256B.0651](#), and [MN Stat. sec. 256B.0653](#). These services are delivered at home to recovering, disabled, and chronically or terminally ill members. They may have medical, nursing, social, therapeutic, and treatment needs and/or assistance with essential ADL. Home health care may be provided in a place or residence including, but not limited to, the following: single family home, apartment, assisted living, adult foster home, adult day care, a relative’s home, or congregate housing residence. Home health care is not usually provided in an institutional setting such as a long-term care facility (LTCF) or hospital, unless an arrangement has been made for PDN (see *Combination PCA Hospice and Other Home Care Services* section) by the member or family. Home health care providers in the State of Minnesota must be licensed by MDH as at least one of the following in order to provide services. Only those providing home management tasks (driving, shopping) are registered rather than licensed.

1. Basic licensure: Each application for a home care provider license must include information sufficient to show that the applicant meets the requirements of licensure, including the following:
 - a. The applicant's name, email address, physical address, and mailing address, including the name of the county in which the applicant resides and has a principal place of business
 - b. The initial license fee in the amount specified in subdivision 7
 - c. The email address, physical address, mailing address, and telephone number of the principal administrative office
 - d. The email address, physical address, mailing address, and telephone number of each branch office, if any
 - e. The names, email and mailing addresses, and telephone numbers of all owners and managerial officials
 - f. Documentation of compliance with the background study requirements of section [144A.476](#) for all people involved in the management, operation, or control of the home care provider
 - g. Documentation of a background study as required by section [144.057](#) for any individual seeking employment, paid or volunteer, with the home care provider
 - h. Evidence of workers' compensation coverage as required by sections [176.181](#) and [176.182](#)
 - i. Documentation of liability coverage, if the provider has it
 - j. Identification of the license level the provider is seeking
 - k. Documentation that identifies the managerial official who is in charge of day-to-day operations and attestation that the person has reviewed and understands the home care provider regulations
 - l. Documentation that the applicant has designated one or more owners, managerial officials, or employees as an agent or agents, which shall not affect the legal responsibility of any other owner or managerial official under this chapter
 - m. The signature of the officer or managing agent on behalf of an entity, corporation, association, or unit of government
 - n. Verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures and keep them current:
 - i. Requirements in sections [626.556](#), reporting of maltreatment of minors, and [626.557](#), reporting of maltreatment of vulnerable adults

- ii. Conducting and handling background studies on employees
 - iii. Orientation, training, and competency evaluations of home care staff, and a process for evaluating staff performance
 - iv. Handling complaints from clients, family members, or client representatives regarding staff or services provided by staff
 - v. Conducting initial evaluation of clients' needs and the providers' ability to provide those services
 - vi. Conducting initial and ongoing client evaluations and assessments and how changes in a client's condition are identified, managed, and communicated to staff and other health care providers as appropriate
 - vii. Orientation to and implementation of the home care client bill of rights
 - viii. Infection control practices
 - ix. Reminders for medications, treatments, or exercises, if provided
 - x. Conducting appropriate screenings, or documentation of prior screenings, to show that staff are free of tuberculosis, consistent with current United States Centers for Disease Control and Prevention (CDC) standards
 - o. Other information required by the department
2. Comprehensive home care licensure: In addition to the information and fee required in subdivision 1, applicants applying for a comprehensive home care license must also provide verification that the applicant has the following policies and procedures in place so that if a license is issued, the applicant will implement the policies and procedures in this subdivision and keep them current:
- a. Conducting initial and ongoing assessments of the client's needs by a registered nurse or appropriate licensed health professional, including how changes in the client's conditions are identified, managed, and communicated to staff and other health care providers, as appropriate
 - b. Ensuring that nurses and licensed health professionals have current and valid licenses to practice
 - c. Medication and treatment management
 - d. Delegation of home care tasks by registered nurses or licensed health professionals
 - e. Supervision of registered nurses and licensed health professionals
 - f. Supervision of unlicensed personnel performing delegated home care tasks

Home Management Services: Home management services include at least two of the following services: housekeeping, meal preparation, and shopping. Providers of home management services must register annually with the MDH. ([MN Stat. Sec. 144A.43.subd.3](#))

Instrumental Activities of Daily Living (IADL): Individual activities relating to ADL 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. IMCare considers IADL to be parental responsibility in the majority of cases where a child is the recipient.

Medical Necessity: A health service that is consistent with the member's diagnosis or condition and is:

1. Recognized as the prevailing medical community standard or current practice by the provider's peer group; and
2. Rendered in response to a life-threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in physical or mental disability; or to care for the mother and child through the maternity period; or to achieve community standards for diagnosis or condition; or
3. Is a preventive health service as defined in [MN Rules part 9505.0355](#).

Personal Care Assistant (PCA): An individual employed by a personal care assistance provider agency, enrolled by 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 Assistance (PCA) Services: Human assistance and support to people of any age with disabilities and special health care needs living independently in the community.

Personal Care Provider Organization (PCPO): An agency that meets DHS standards and has signed a provider agreement with IMCare 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 (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.

Personal Care Assistance (PCA) Choice Provider (also known as fiscal intermediary): A provider who enrolls with IMCare to give fiscal intermediary supports to members choosing the PCA Choice Option.

Private Duty Nursing (PDN) Agency: An agency holding a Class A Home Care license enrolled with IMCare to provide PDN services.

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

1. An RN as defined in [MN Stat. sec. 148.171](#)
2. A licensed social worker as defined in [MN Stat. sec. 148E.010, subd. 15](#)
3. A mental health professional as defined in [MN Stat. sec. 245.462, subd. 18](#) or [MN Stat. sec. 245.4871, subd. 27](#)

Residence: The place a member lives. A residence does not include a hospital, nursing facility (NF), or Intermediate Care Facility (ICF).

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. The responsible party 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 IMCare 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 provided by a Medicare-certified agency and 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 licensed practical nurse (LPN) and provided under a plan of care or service plan that specifies a level of care that the nurse is qualified to provide.

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 IMCare: Refer to the [PCA Services chapter](#) of the [DHS Provider Manual](#).

Ventilator-Dependent Member: 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.

Eligible Providers

IMCare-enrolled agencies that employ individual PCAs include the following:

1. [PCPOs](#)
2. PCA Choice providers/fiscal intermediaries
3. Medicare-certified, Comprehensive licensed home care agencies

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

Minnesota Health Care Programs (MHCP) Revalidation of Enrollment

Providers who are currently enrolled with MHCP must revalidate their enrollment record(s) at least once every five years. Revalidation occurs when MHCP notifies providers to complete and update all enrollment documents to continue participation with MHCP. Providers can expect to receive an initial revalidation notice as early as three-and-a-half years after the most recent revalidation or enrollment date.

If a provider's enrollment with MHCP ends, the provider must immediately notify the county or counties where their MHCP recipients live. The provider informs the county that the provider can no longer be reimbursed for services as an MHCP provider, and that the county should take actions to ensure the safety of the recipients ([Minnesota Stat. sec. 626.557](#)). Terminated personal care assistance (PCA) provider agencies, including all named individuals on the current enrollment disclosure form, and known or discovered affiliates of the PCA provider agency, are not eligible to enroll as a PCA agency for two years following the termination ([Minnesota Stat. sec. 256B.0659, subd. 23](#)).

General Personal Care Assistant (PCA) Provider Requirements

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

1. Enroll with MHCP
2. Follow the requirements outlined in Chapter 1, Requirements for Providers
3. Confirm that all employed PCAs are enrolled with MHCP 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 [MN Stat. Chap. 245C](#)
7. Comply with general Medical Assistance (Medicaid) [coverage requirements](#)
8. Comply with Workers' Compensation
9. Comply with PCA program policy
10. Verify member [eligibility](#) on a monthly basis
11. Keep documentations of individual PCA time and activity between one PCA and one member using the [PCA Time and Activity Documentation \(DHS-4691\)](#)
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 part 9505.2175](#)
15. Owners of housing must follow the State requirements listed in [MN Stat. sec. 256B.0659, subd. 3.](#)

Additional Requirements

1. Maintain documentation of compliance with PCA training ([MN Rules part 9505.0335](#))
 - 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 IMCare 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. Verify to ensure each PCA is not on the [MHCP Enrolled Provider Excluded Provider Lists](#) as an excluded individual provider
8. When appropriate, coordinate services with a Medicare-certified home health agency to meet member's needs
9. Maintain an individualized PCA care plan in each member file
10. Provide services in a manner consistent with member's independent living ability
11. Manage shared care
12. Manage/monitor [Flexible Use](#) and [Standard Use](#)
13. Document identity of responsible party if member cannot direct own care
14. Notify IMCare when the responsible party changes
15. Demonstrate knowledge of, sensitivity to, and experience with the following:
 - a. Special needs
 - b. Communication needs
 - c. Independent living needs
16. Document all activities provided to each member by initialing and completing the DHS-approved timecard ([PCA Time and Activity Documentation \[DHS-4691\]](#)) or approved alternate form
17. 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
18. Ensure PCA services provided are reflected in the member's care plan
19. Request reassessments 60 days before end of current Service Agreement using correct form ([Referral for PCA Services \[DHS-3244P\]](#)). Request for reassessment should be sent to the county Public Health agency
20. Manage Flexible Use-approved units/hours
21. Document each PCA's completed training
22. QP provides training and supervision
23. QP develops PCA care plan
24. QP provides supervision as follows ([MN Stat. sec. 256B.0659, subds. 13-14](#)):
 - a. The QP shall evaluate the PCA within the first 14 days of starting to provide regularly scheduled services for a member, or sooner as determined by the QP, except for the PCA Choice option under

- [MN Stat. sec. 256B.0659, subd. 19 \(a\) \(4\)](#). For the initial evaluation, the QP shall evaluate the personal care assistance services for a member through direct observation of a PCA's work. The QP may conduct additional training and evaluation visits, based upon the needs of the member and the PCA's ability to meet those needs. Subsequent visits to evaluate the personal care assistance services provided to a member do not require direct observation of each PCA's work and shall occur:
- i. At least every 90 days thereafter for the first year of a member's services;
 - ii. Every 120 days after the first year of a member's service or whenever needed for response to a member's request for increased supervision of the personal care assistance staff; and
 - iii. After the first 180 days of a member's service, supervisory visits may alternate between unscheduled phone or Internet technology and in-person visits, unless the in-person visits are needed according to the care plan.
- b. Communication with the member is a part of the evaluation process of the personal care assistance staff
 - c. At each supervisory visit, the QP shall evaluate personal care assistance services including the following information:
 - i. Satisfaction level of the member with personal care assistance services;
 - ii. Review of the month-to-month plan for use of personal care assistance services;
 - iii. Review of documentation of personal care assistance services provided;
 - iv. Whether the personal care assistance services are meeting the goals of the service as stated in the personal care assistance care plan and service plan;
 - v. A written record of the results of the evaluation and actions taken to correct any deficiencies in the work of a PCA; and
 - vi. Revision of the personal care assistance care plan as necessary in consultation with the member or responsible party, to meet the needs of the member.
 - d. The QP shall complete the required documentation in the agency member and employee files and the member's home, including the following documentation (on agency templates):
 - i. The personal care assistance care plan based on the service plan and individualized needs of the member;
 - ii. A month-to-month plan for use of personal care assistance services;
 - iii. Changes in need of the member requiring a change to the level of service and the personal care assistance care plan;
 - iv. Evaluation results of supervision visits and identified issues with personal care assistance staff with actions taken;
 - v. All communication with the member and personal care assistance staff; and
 - vi. Hands-on training or individualized training for the care of the member.
 - e. The services that are not eligible for payment as QP services include:
 - i. Direct professional nursing tasks that could be assessed and authorized as skilled nursing tasks;
 - ii. Agency administrative activities;
 - iii. Training other than the individualized training required to provide care for a member; and
 - iv. Any other activity that is not described in this section.
25. Ensure the health-related functions performed by the PCA are under the supervision of a QP or the direction of a physician
26. Possess the capacity to enter into a legally binding contract

Additional Requirements for PCPOs

1. Maintain a scheduling system
2. Notify the county PHN or county case manager of changes in needs or health status of the member
3. Maintain quality assurance mechanisms
4. Demonstrate a training and supervision system for PCAs
5. Recruit and hire staff per agency policy and PCA criteria
6. Provide required basic training (e.g., blood-borne pathogen, etc.)

7. Ensure a QP is employed to supervise PCA services
8. Possess the capacity to enter into a legally binding contract

Additional Requirements for Personal Care Assistant (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. Medical Assistance (Medicaid) 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 Medical Assistance (Medicaid) 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 IMCare as a provider of PCA services
2. Enroll with 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 HHA competency evaluation
 - iii. Work for only one PCA agency responsible for compliance with current labor laws
 - iv. Supervised by a qualified professional every 60 days
4. 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, HHA pre-service program (MDH-recommended curriculum)
 - d. Accredited licensed RN/LPN educational program
 - e. Training program for required skills necessary to perform covered PCA services
5. Undergo background study requirements specified in [MN Stat. Chap. 245C](#)
6. Understand the PCA care plan
7. Understand the member's needs
8. Provide covered PCA services according to the care plan
9. Understand safety issues, including how to access emergency assistance

10. Report changes in the member's condition
11. Be able to communicate with the member
12. Not be the responsible party
13. Not be a recipient of MHCP personal care services
14. Not be a corporate legal guardian

Personal Care Assistant (PCA) Hour Limits

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 ([MN Stat. sec. 256B.0659, subd. 11](#)). Because this is a legislative action, it applies to all health plans, including IMCare. **As such, IMCare is currently denying PCA claims that exceed the limit of 275 hours per month.**

In addition to the monthly limit of 275 hours, IMCare has set limits on the length of the workday for PCAs in an effort to ensure member safety. **IMCare 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 (QPs)

A QP must be one of the following:

1. An RN as defined in [MN Stat. sec. 148.171](#)
2. A mental health professional as defined in [MN Stat. sec. 245.462, subd. 18](#) or [MN Stat. sec. 245.4871, subd. 27](#)
3. A licensed social worker as defined in [MN Stat. sec. 148E.010, subd. 15](#)
4. QDDS under [MN Stat. sec. 245B.07, subd. 4](#).

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 an IMCare-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
5. Undergo background study requirements specified in [MN Stat. Chap. 245C](#)

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 face-to-face as follows:

1. Within 14 days after the placement of a PCA with the qualified member;
2. At least once every 30 days during the first 90 days after the qualified member first receives personal care services according to the plan of personal care service; and
3. Review, together with the member, and revise, as necessary, the plan of personal care services at least once every 120 days after a plan of personal care services is developed ([MN Rules part 9505.0335, subp. 4](#)).

Requirements for the PHN/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 \(DHS-4201\)](#))
5. Recommend number of QP units
6. Fax completed assessment form and service plan to IMCare at **1-218-327-5545**
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 [Community Based Services Manual \(CBSM\)](#).

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

Members of the following programs are eligible for PCA services:

1. [Medical Assistance \(Medicaid\)](#)
2. [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 part that is able to do so
6. Live in his/her own home that is **not** a hospital, NF, ICF, 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 IMCare ([Personal Care Assistance \[PCA\] Assessment and Service Plan \[DHS-3244\]](#) or [Supplemental Waiver Personal Care Assistance \[PCA\] Assessment and Service Plan \[DHS-3428D\]](#))
 - 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 over
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 QP
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 (ICSP) 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.

Assessments are completed:

1. By county PHN/certified PHN under contract with the county
2. By the county case manager when an LTCC or MNChoices assessment is conducted for the purposes of determining a member's eligibility for HCBS, including PCA services, per [MN Stat. sec. 256B.0659, subd.3a.](#)

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

For additional information about waiver services, refer to the appropriate chapters in this manual or IMCare at 1-800-843-9536 (toll free). An assessment must be completed any time PCA services are requested.

New Assessment Criteria

PHN PCA assessors will use the following 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 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 10-day notice of these changes (this change to a 10-day notice went into effect September 1, 2012). This includes reductions to the maximum consumer support grant (CSG) grant amount.
3. All members who receive PCA services will receive and be limited to 96 units (15 minutes per unit) of QP 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 IMCare if they meet all policy and program requirements.

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

1. ADLs
2. IADLs, when the PCA assessment determines the need (IADLs are 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 QP 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. HHA
2. SNV
3. 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.

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

[Private Duty Nursing Service Decision Tree \(DHS-4071\)](#)

IMCare 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 Service Option

All IMCare 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 Service 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 DHS [CBSM](#) has the Flexible Use Service Option policies available in a table format.

PHNs and county case managers can review [Flexible Use – Personal Care Assistance: Flexible use of PCA services](#) 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 the authorized number of units for the month. See the [MHCP website](#) to report potential overuse of hours to IMCare.

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

Revocation of Flexible Use Services

When the Flexible Use Service Option hours exceed the authorized number of units for a period of two out of three months, IMCare may notify the PHN, the member/responsible party, and the provider in writing that the Flexible Use Service Option will be revoked (denied) beginning the following month. Denials may be Appealed by the member/responsible party. The 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.

IMCare may revoke or deny the Flexible Use Service Option at any time if a member:

1. Requests not to participate in the Flexible Use Service Option

2. Misuses his/her 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 *General Personal Care Assistant (PCA) Provider Requirements* section of this chapter.

Denial of PCA Choice

IMCare may deny, revoke, or suspend authorization to use PCA Choice if the county PHN, county case manager, QP or IMCare 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 MRRP

Shared Care

Shared care is an option where two or three members 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 members' 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. Member's home
2. Foster care home
3. Outside the home or shared care site when normal life activities take the members outside the home, such as the following:
 - a. Enrichment classes
 - b. Before and after school programs
 - c. Child care program operated by a local school district/private school. Please note the following:
 - i. PCA cannot replace/supplement required child care center staff
 - ii. PCA cannot provide services to other non-PCA members in child care setting
 - iii. Required child care 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 member's health status and psychosocial needs
 - b. Site suitability
 - c. Compatibility of the members' age and needs
 - d. Each member 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 members in the same place* at the same time

*Shared care rates DO NOT apply when the individual PCA provides services to members 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 members 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 members are compatible
3. The amount of PCA units shared by members
4. If a suitable, a safe environment is available based on involved members' 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 member's needs
7. If individual PCAs are retrained as needed/required
8. That the service outcome of each member is evaluated

Choice of Supervision

PCA services are provided under the supervision of either:

1. A QP if requested by the member at assessment; 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

IMCare requires Service Authorization for out-of-state PCA services.

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 IMCare
9. Services provided by member's spouse, corporate guardian, parent or stepparent (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 IMCare
15. Services provided by residential/program license holder in a residence for more than four people
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 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 DHS [Provider Manual](#) for information about Service Authorization for clients who have gone from fee-for-service (FFS) to IMCare, or vice versa.

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

IMCare 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 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 [PCA Time and Activity Documentation \(DHS-4691\)](#) timecard or a DHS-approved alternate form. Timecards 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. IMCare member number/PMI
 - iv. Signature (member’s or responsible party)
 - v. Date
 - d. PCA:
 - i. Name
 - ii. National Provider Identifier (NPI) or UMPI
 - iii. Signature
 - iv. Date

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

1. Date of service (DOS) (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

Personal care provider records must document the following:

1. The physician’s initial statement of need for personal care services and that it was received by IMCare prior to the start of services;
2. That the statement of need has been reviewed by the physician at least once every 365 days;
3. IMCare care plan completed by the supervising RN that details the nurse’s instruction to the PCA;
4. IMCare notice of prior authorization, which identifies the amount of personal care service and RN supervision authorized for the member; and
5. Whether or not the member is in a shared care arrangement.

In a shared care arrangement, the documentation requirements must be met separately for each member.

The following daily documentation must be made by each PCA of services provided to the member:

1. Member’s name;
2. Name of the PCA providing services;
3. Day, month, and year the personal care services were provided;
4. Total number of hours spent providing personal care services;
5. Time of arrival and time of departure of the PCA at the site where services were provided;
6. Personal care services provided;
7. Notes by the PCA regarding changes in the member’s condition, documentation of calls to the supervising nurse, and other notes as required by the supervising nurse;
8. PCA’s signature; and
9. Member’s signature, stamp, mark, or the responsible party’s signature, if the member requires a responsible

party.

Each member record must also document the following:

1. Authorization by the member's responsible party, if any, for personal care services provided outside the member's residence;
2. Authorization by the responsible party, who is a parent of a minor member or a guardian of a member, which is approved and signed by the supervising nurse, to delegate to another adult the responsible party function for absences of at least 24 hours but not more than six days; and
3. Supervision by the supervising nurse, including the date of the provision of supervision of personal care services, if supervision by the supervising nurse is requested.

Personal Care Assistant (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

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

All other Healthcare Common Procedure Coding System (HCPCS) code and modifier combinations still apply to PCA claims. Any applicable modifier payment adjustments will be made during claims adjudication.

If needed, the county PHN will recommend a temporary increase (up to 45 days) to the currently approved PCA service units. IMCare will send providers a 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 DHS [CBSM](#).

DHS Internet Forms Available

1. [Service Agreement \(DHS-3070\)](#)
2. [Personal Care Assistance \(PCA\) Assessment and Service Plan \(DHS-3244\)](#)
3. [PCA Assessment and Service Plan Instructions and Guidelines \(DHS-3244A\)](#)
4. [MA Home Care Nursing Assessment \(DHS-4071A\)](#)
5. [Home Care Nursing Service Decision Tree \(DHS-4071C\)](#)
6. [MA Home Care Technical Change Request \(DHS-4074\)](#)
7. [Home Care Nursing Hardship Waiver Application \(DHS-4109\)](#)
8. [PCA Decision Tree \(DHS-4201\)](#)
9. [Home Health Certification and Plan of Care \(DHS-4633\)](#)
10. [Home Care Shared Services Agreement \(Home Care Nursing or PCA\) \(DHS-5899\)](#)

Legal References

[MN Stat. sec. 144A.43, subd. 3](#) – Definitions: Home care service

[MN Stat. sec. 144A.4884](#) – Integrated Licensure; Home and Community-based Services Designation

[MN Stat. Chap. 144G](#) – Assisted Living Services

[MN Stat. sec. 148.171, subd. 1](#) – Definitions; Title

[MN Stat. sec. 148.171, subd. 8](#) – Definitions; Title: Licensed practical nurse

[MN Stat. secs. 148.171 – 148.285](#) – Nurses

[MN Stat. sec. 148E.055](#) – License Requirements

[MN Stat. sec. 245.462, subd. 18](#) – Definitions: Mental health professional

[MN Stat. sec. 245.4871, subd. 27](#) – Definitions: Mental health professional

[MN Stat. Chap. 245A](#) – Human Services Licensing

[MN Stat. sec.144A.4795](#) – Home Care Provider Responsibilities: Staff

[MN Stat. Chap. 245C](#) – Human Services Background Studies

[MN Stat. sec. 252A.02,subd. 3a](#) – Definitions: Guardianship service providers

[MN Stat. sec. 256B.0625](#) – Covered Services

[MN Stat. sec. 256B.0625, subd. 7](#) – Covered Services: Home Care Nursing

[MN Stat. sec. 256B.0625, subd. 19c](#) – Covered Services: Personal care

[MN Stat. sec. 256B. 0651](#) – Home Care Services

[MN Stat. sec. 256B.0653](#) – Home Health Agency Services

[MN Stat. sec. 256B.0659, subd. 3](#) – Personal Care Assistance Program: Noncovered personal care assistance services

[MN Stat. sec. 256B.0659, subd. 11](#) – Personal Care Assistance Program: Personal care assistant; requirements

[MN Stat. sec. 256B.0659, subd. 13-14](#) – Personal care Assistance Program: Qualified professional; qualifications, duties

[MN Stat. sec. 256B.0659, subd. 19 \(a\) \(4\)](#) – Personal Care Assistance Program: Personal care assistance choice option; qualifications; duties

[MN rules parts 9502.0315 – 9502.0445](#) – Licensing of Day care facilities

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

[MN Rules part 9505.0175,subp.25](#) – Definitions: Medically necessary or medical necessity

[MN Rules part 9505.0290](#) – Home Health Agency Services

[MN Rules part 9505.0295](#) – Home Health Services

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

[MN Rules part 9505.0355](#) – Preventive Health Services

[MN Rules part 9505.2175](#) – Health Service Records

[Title 42 Code of Federal Regulations \(CFR\) Part 440.70](#) – Home health services

[42 CFR 440.80](#) – Home Care Nursing services

[42 CFR 440.167](#) – Personal care services

[42 CFR 441.15](#) – Home health services

[42 CFR 441.302](#) – State assurances

[Minnesota 2010 Session Law, Chapter 352, article 1, section 8](#)

[Public Law 97–35: OBRA 1981](#)

[Title XIX, section 1915 of the Social Security Act](#) – Provisions Respecting Inapplicability and Waiver of Certain Requirements of this Title