



## Personal Care Attendant (Consumer-Driven) Medical Necessity Guideline

| Medical Necessity Guideline (MNG) Title: Personal Care Attendant (Consumer-Driven)                        |  |   |
|---|--|---|
| MNG #: 080  | <input checked="" type="checkbox"/> SCO <input checked="" type="checkbox"/> One Care<br><input type="checkbox"/> MA Medicare Preferred<br><input type="checkbox"/> MA Medicare Value<br><input type="checkbox"/> RI Medicare Preferred<br><input type="checkbox"/> RI Medicare Value<br><input type="checkbox"/> RI Medicare Maximum | <b>Prior Authorization Needed?</b><br><input checked="" type="checkbox"/> Yes (always required)<br><input type="checkbox"/> Yes (only in certain situations. See this MNG for details)<br><input type="checkbox"/> No |
| Clinical: <input checked="" type="checkbox"/>   | Operational: <input type="checkbox"/>  | Informational: <input type="checkbox"/>   |
| <b>Benefit Type:</b><br><input type="checkbox"/> Medicare<br><input checked="" type="checkbox"/> Medicaid | <b>Approval Date:</b><br>9/2/2021; 11/9/23; 12/14/23   | <b>Effective Date:</b><br>2/6/2022; 11/9/23; 12/14/23   |
| <b>Last Revised Date:</b><br>4/14/2022; 11/9/2023; 12/14/23   | <b>Next Annual Review Date:</b><br>9/2/2022; 4/14/2023; 11/9/2024;   | <b>Retire Date:</b>   |

### OVERVIEW:

The Personal Care Attendant (PCA) program is a program that helps members with permanent or chronic disabilities keep their independence, stay in the community, and manage their own personal care. The member, also known as the PCA consumer (the person receiving PCA services), is the employer of the PCA, unless managed by a surrogate, and is fully responsible for recruiting, hiring, scheduling, training, and, if necessary, firing PCAs. The member must be able to provide all necessary forms and paperwork to the Fiscal Intermediary (FI) and Personal Care Management (PCM) Agency and manage all necessary program requirements as outlined in 130 CMR 422.00.

Consumer-Directed PCA services for SCO members include physical assistance with at least two (2) Activities of Daily Living (ADLs) and health related tasks (e.g., wound care, glucose monitoring, etc.). PCA services for ICO members include assistance with cueing and/or monitoring in addition to the physical assistance as noted above. When specified in the care plan, PCA services may also include assistance with Instrumental Activities of Daily Living (IADLs), such as bed-making, dusting, and vacuuming which are incidental to the care furnished or which are essential to the health or welfare of the individual, rather than the member’s family.

PCAs are recruited, hired, trained, and supervised by the member or the member’s Surrogate. Therefore, PCAs may administer medications and provide skilled care and treatments that are outside the scope of paraprofessionals employed by an agency.

### DEFINITIONS:

- **Activities of Daily Living (ADLs)** - Such activities are performed by a personal care attendant (PCA) to physically assist a member with mobility, taking medications, bathing or grooming, dressing, passive range of motion exercises, eating, and toileting.
- **Administrative Proxy** - the member's legal guardian, a family member, or any other person as identified in the service agreement who is responsible for performing certain administrative functions related to PCA management that the member is unable or unwilling to perform.

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- **Electronic Visit Verification (EVV)** - The method or system designated or approved by EOHHS to electronically verify service delivery in the form and format as required by the MassHealth agency.
- **Family Member** - A spouse, parent of a minor member, including adoptive parent, or any legally responsible relative of the member.
- **Fiscal Intermediary** - An entity contracting with EOHHS to perform employer-required tasks and related administrative tasks.
- **Instrumental Activities of Daily Living (IADLs)** - Those specific activities that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.
- **Licensed Practical Nurse (LPN)** - A person currently licensed as a licensed practical nurse by the Massachusetts Board of Registration in Nursing and in good standing with the Board.
- **Occupational Therapist** - a person currently licensed by and in good standing with the Massachusetts Board of Allied Health Professionals, and currently certified by and in good standing with the National Board for Certification in Occupational Therapy.
- **Passive Range of Motion Exercises (Passive ROM)** - Movement applied to a joint or extremity by another person solely for the purpose of maintaining or improving the distance and direction through which a joint can move.
- **Personal Care Attendant (PCA)** - A person who meets the requirements of 130 CMR 422.404(A)(1) and who is hired by the member or surrogate to provide PCA services. In addition, for the sole purpose of M.G.L. c. 118E, §§ 70 through 75, a PCA is a person who is hired by the member or surrogate to provide PCA services through a senior care organization (SCO) contracting with the MassHealth agency pursuant to M.G.L. c. 118E, § 9D or a person who is hired by the member or surrogate to provide PCA services through an integrated care organization (ICO) contracting with the MassHealth agency pursuant to M.G.L. c. 118E, § 9F. Unless explicitly stated in 130 CMR 422.000, in the SCO's MassHealth contract, or in the ICO's MassHealth contract, no other provisions of 130 CMR 422.000 apply to any SCO, ICO, or PCA hired by any eligible MassHealth member through a SCO or ICO.
- **Personal Care Management (PCM) Agency** - A public or private agency or entity under contract with EOHHS to provide PCM functions in accordance with 130 CMR 422.000.
- **Prior Authorization Request (PA Request)** - A request to initiate, continue, or adjust a member's prior authorization for PCA services. CCA may approve, deny, modify, or defer a PA request.
- **Registered Nurse** - A person currently licensed as a registered nurse by the Massachusetts Board of Registration in Nursing and in good standing with the Board.
- **Surrogacy Assessment** - The PCM Agency's determination of a member's ability to manage the PCA program independently and the ability of a surrogate or administrative proxy, if any, to manage the PCA program on behalf of the member.

### DECISION GUIDELINES:

#### Clinical Coverage Determinations:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline

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(MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

### Clinical Criteria:

**SCO Members:** In order to be eligible to receive PCA, the member must have a permanent or chronic disability (physical, cognitive, or behavior-related) that prevents the member from completing **at least two (2)** of the following Activities of Daily Living (ADLs) **without physical assistance:**

- a. Mobility, including transfers -physically assisting member who has mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment.
  - b. Bathing/Grooming – physical assistance with bathing, grooming and personal hygiene.
  - c. Dressing/Undressing – physical assistance to dress and undress.
  - d. Passive range of motion exercises – physically assisting a member to perform range of motion exercises.
  - e. Eating/feeding – physical assistance with eating which includes tube feedings and special nutritional dietary needs.
  - f. Toileting – physical assistance with bowel and bladder needs.
  - g. Taking medication or other health-related needs – physical assistance to take medications that are otherwise self-administered.
1. If the member meets the 2 ADL requirement, the member may receive assistance with the following IADLs:
- a. Household services - physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping.
  - b. Meal Preparation and clean-up - physically assisting to prepare meals.
  - c. Transportation - accompanying to medical providers.
  - d. Special needs - assisting with care and maintenance of wheelchairs and adaptive devices; completing paperwork required for receiving PCA services; special needs that are approved as being instrumental to the health care of the member.

### ICO Members:

In order to be eligible to receive PCA, the member must have a permanent or chronic disability (physical, cognitive, or behavior-related) that prevents the member from completing **at least two (2)** of the following Activities of Daily Living (ADLs) **without cueing, monitoring or hands-on physical assistance:**

- a. Mobility, including transfers – cueing, monitoring, or physically assisting a member who has mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment.
- b. Bathing/Grooming – cueing, monitoring, or physically assisting with bathing, grooming and personal hygiene.
- c. Dressing/Undressing – cueing, monitoring, or physically assisting to dress and undress.
- d. Passive range of motion exercises – cueing, monitoring, or physically assisting a member to perform range of motion exercises.

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- e. Eating/feeding – cueing, monitoring, or physically assisting with eating which includes tube feedings and special nutritional dietary needs.
  - f. Toileting – cueing, monitoring, or physically assisting with bowel and bladder needs.
  - g. • Taking medication or other health-related needs – cueing, monitoring, or physically assisting to take medications that are otherwise self-administered.
1. If member meets the 2 ADL requirements, they may receive additional hands-on assistance, cueing or monitoring with the following IADLs:
- a. Household services - cueing, monitoring, or physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping.
  - b. Meal Preparation and clean-up - physically assisting, cueing or monitoring to prepare meals.
  - c. Transportation - accompanying to medical providers.
  - d. Special needs - assisting with care and maintenance of wheelchairs and adaptive devices; completing paperwork required for receiving PCA services; special needs that are approved as being instrumental to the health care of the member.

### **Determination of need:**

#### **Prior Authorization**

1. Requests for prior authorization must be submitted to CCA as outlined in the CCA Provider Manual.
2. Prior authorization determines the Medical Necessity for PCA services as described above, under the Clinical Criteria section.
3. As a prerequisite for payment of PCA Services, prior authorization must be obtained before the first date of service delivery, if there is a change in a member’s functional status or living arrangements, and annually. CCA may take up to 14 days to process a request.
4. Prior Authorization requests must be submitted at the following intervals:
  - a. Initial Authorization - Before the first date of service delivery; services will not be approved retroactively.
  - b. Adjustment – For members who have a change in functional status or living situation; services will not be approved retroactively.
  - c. Re-authorization – For members with an existing prior authorization a new authorization request should be submitted at least 14 calendar days before the authorization end date.
5. Members must be assessed annually at least 21 days prior to the end of the current auth period and receive ongoing skills training. Failure to conduct an annual assessment and skills training may lead to termination of services.
6. The care team must identify the condition or syndrome that underlies the member’s disability, as well as the nature of the functional impairment. The member must be assessed as either able to manage the PCA program independently OR have identified and agreed to a Surrogate to manage the PCA program on his/her behalf. Prior to starting PCA services, the member and their PCA must complete skills training which is provided by the PCM agency.

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7. In order to receive PCA services, the assessing clinician(s) must determine that services are required to maintain the health and welfare of the member and that the guidelines for limitations and exclusions have been met. An in-home assessment is conducted to determine eligibility and the number of hours of assistance with ADLs the member needs.

### **Prior Authorization Documentation:**

The following assessments and documents are required prior to the PCA starting:

1. PCA Functional Assessment
2. Surrogacy Assessment conducted by the PCM Agency
3. Skills training conducted by the PCM Agency for hours assessed.

### **LIMITATIONS/EXCLUSIONS:**

#### **1. Exclusions:**

- a. **SCO Only:** PCA may not be authorized for cueing or monitoring to complete an ADL.
- b. PCA is not covered for possible or preventative needs.
- c. PCA is not covered for Social Services including, but not limited to, babysitting, respite care<sup>1</sup>, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies.
- d. CCA does not cover PCA services provided in a hospital<sup>2</sup>, nursing facility, intermediate care facility for persons with intellectual disabilities, or any other institutional facility setting providing medical, nursing, rehabilitative, or related care. (PCA may be provided in hospitals in some circumstances. [See below].)
- e. PCA services are not covered when provided in Assisted Living Facilities, Group Homes, Adult Day Health Centers, Day Habilitation Centers, or in any other setting that includes assistance with ADLs.
- f. PCA may not be combined with Group Adult Foster Care (GAFC) or agency personal assistance services (Personal Care, Homemaking, Home Health Aide), except when agency services are provided as back-up for PCA.
- g. CCA does not cover or pay for PCA surrogates.
- h. CCA does not cover PCA services provided to a member who requires a surrogate but does not have one.
- i. CCA does not cover PCA services provided to a member without the use of EVV, unless there has been a documented, MassHealth approved, exception.
- j. PCA time is not allocated for activities that are not essential to the functional support of the member, such as babysitting, lawn maintenance, paying bills, recreational activities, and care for pets.
- k. CCA does not cover PCA services provided by a member's spouse, legally responsible relative, or PCA surrogate.

#### **2. Limitations:**

- a. The care team will ensure that time allocated for PCA activities are non-duplicative with medically necessary and other authorized services.

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- i. Meal prep and clean-up, laundry, grocery shopping and housekeeping services can be included in the PCA authorized hours if they are not otherwise authorized in the member's service plan.
  - ii. A PCA may perform nursing tasks such as dressing changes, injections and vital sign monitoring. Skilled Nursing may be required to assist in the training of the PCA to conduct these activities.
- b. Authorizations should follow the time estimates outlined in the Time-For-Tasks Guidelines for the MassHealth PCA Program. It is recognized that some members may require additional time beyond the time estimates in the guidelines, while others may require less. If additional time is required, it must be clearly documented in the member record. Additionally, ICO members should be assessed for cueing and/or monitoring needs.
- c. Respite care<sup>1</sup>- Up to 10 hours per week of PCA services may be authorized for members receiving Adult Foster Care (AFC) Level 2 for the purpose of providing respite to the AFC Caregiver. (Thus, the AFC Caregiver(s) may not be the PCA.).
- d. When a member is living with a spouse or legally responsible relative, it is expected that the family members will provide assistance with most IADLs for the CCA member. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
- e. When a member is living with one or more other consumers who are authorized for PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) will be calculated on a shared basis. The need for any exceptions should be clearly documented in the clinical record.
- f. CCA will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs such as routine laundry, housekeeping, shopping and meal preparation and clean-up.

<sup>2</sup>Members who have obtained prior authorization from CCA for PCA services and have been admitted to a hospital are generally prohibited from engaging PCAs to work while they are in the facility. The member's care team may, in exceptional circumstances, determine that PCA services need to be provided on a limited basis. Should this need occur, the member's care team will be responsible for evaluating and documenting the need for PCA services during the member's inpatient stay in the clinical record.

### KEY CARE PLANNING CONSIDERATIONS:

1. It is important to support and maintain the involvement of informal supports in the member's care.
2. Less costly alternatives to PCA services should be considered, such as home modifications or assistive devices that promote the member's greatest degree of independence in performing ADLs and IADLs.
3. Agency personal care services may be indicated for members who do not wish to assume the employer responsibilities required for PCA, and for those members who are assessed as needing a Surrogate to manage PCA but do not have a Surrogate.
4. ICO Members: CCA should consider the **need for physical assistance as well as cueing or monitoring in order for the member to perform an ADL or IADL**. Authorizations must consider the medical and independent living needs of the member.



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### AUTHORIZATION:

PCA requires prior authorization.

### AUTHORIZATION DOCUMENTATION REQUIREMENTS:

All authorizations submitted to CCA for determination are reviewed against 130 CMR 422.000 and this Medical Necessity Guideline (MNG) for decisioning. Authorizations submitted must contain the following documents in order for proper medical necessity review:

1. PCA Functional Assessment Tool.
2. Surrogacy Assessment.
3. Completed Skills Training Documentation.
4. Additional narrative needed to support medical necessity.

### One Care:

The CCA Care Partner and interdisciplinary team (IDT) can identify a need for PCA. An authorization is provided to the PCM Agency for an in-home assessment to determine eligibility for the PCA program, need for a surrogate and hours of need. Upon determination, if the member meets eligibility criteria, the PCM will submit the PCA Functional Assessment Tool along with a Prior Authorization Request form. If the member is found to be ineligible, the PCM will submit a request to CCA for denial. Initial Assessments must be completed by an OT and RN or LPN under the supervision of a RN. Annual assessments and assessments for adjustment in hours may be completed by a RN or an LPN under the supervision of a RN. When the member experiences a permanent change in status, he or she must be re-evaluated by the PCM.

**SCO:** The SCO CCA PCA Assessment Team or Delegated Site/SCO CCA PCA Assessment Team are responsible for determining eligibility and hours of physical assistance for PCA in accordance with 130 CMR 422.000 and this MNG utilizing the PCA Functional Assessment Tool. Initial Assessments must be completed by an OT and RN or LPN under the supervision of a RN. Annual assessments and assessments for adjustment in hours may be completed by a RN or an LPN under the supervision of a RN.

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider’s agreement with the Plan (including complying with Plan’s Provider Manual specifications).

### Codes:

| Service | POS | Procedure Code | Unit of Measurement |
|---------|-----|----------------|---------------------|
|---------|-----|----------------|---------------------|





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|  |          |          |                |
|--|----------|----------|----------------|
| Personal Care Mgmt. Skills Training                            | 11,12,99 | T2022    | Per Month      |
| Personal Care Mgmt. Assessment (Initial Eval for PCA)          | 12,99    | 99456    | Per Session    |
| Personal Care Mgmt. Assessment (Annual Re-eval for PCA)        | 12,99    | 99456 TS | Per Session    |
| Personal Care Attendant Services (Hours) – Fiscal Intermediary | 12,99    | T1019    | Per 15 Minutes |

**REGULATORY NOTES:**

130 CMR 422.00 MassHealth Personal Care Attendant regulations  
 101 CMR 309.00 Rates for Certain Services for the Personal Care Attendant Program  
 Contract with United States Department of Health and Human Services Centers for Medicare & Medicaid Services in Partnership with The Commonwealth of Massachusetts and Commonwealth Care Alliance Sections 1.84 and 2.9.4.5

**Disclaimer**

This Medical Necessity Guideline is not a rigid rule. As with all CCA’s criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member’s unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member’s unique clinical circumstances will generally be required.

**RELATED REFERENCES:**

N/A

**ATTACHMENTS:**

|                   |  |
|-------------------|--|
| <b>EXHIBIT A:</b> |  |
| <b>EXHIBIT B</b>  |  |





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### REVISION LOG:

| REVISION DATE | DESCRIPTION  |
|---------------|--|
| 12/14/23      | Updated to align with MassHealth amendment allowing use licensed practical nurses for initial evaluations or LPN under the supervision of a RN |
| 11/9/23       | Definition of PCA added. Language clarifications to align with MassHealth requirement for electronic verification of visit time.               |

### APPROVALS:

David Mello, DO  
 CCA Senior Clinical Lead [Print]  
 \_\_\_\_\_  
*David Mello*  
 Signature

Senior Medical Director  
 Title [Print]  
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 12/22/23  
 Date

Amy Stebbins  
 CCA Senior Operational Lead [Print]  
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*Amy Stebbins, RN*  
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Manager, Utilization Management  
 Title [Print]  
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 12/22/23  
 Date

Nazlim Hagmann, MD  
 CCA CMO or Designee [Print]  
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*Nazlim Hagmann*  
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 Title [Print]  
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 12/22/23  
 Date