



Personal Care Attendant (PCA) Program (Consumer/Self Directed Care) Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Personal Care Attendant (PCA) Program (Consumer/Self-Directed Care)		
MNG #: 080	<input checked="" type="checkbox"/> CCA Senior Care Options (HMO D-SNP) (MA) <input checked="" type="checkbox"/> CCA One Care (Medicare-Medicaid) (MA)	Prior Authorization Needed? <input checked="" type="checkbox"/> Yes (always required) <input type="checkbox"/> Yes (only in certain situations. See this MNG for details) <input type="checkbox"/> No
Benefit Type: <input type="checkbox"/> Medicare <input checked="" type="checkbox"/> Medicaid	Approval Date: 9/2/2021; 11/9/23; 12/14/23	Effective Date: 2/6/2022; 11/9/23; 12/14/23; 12/12/24
Last Revised Date: 4/14/2022; 11/9/2023; 12/14/23; 10/10/24	Next Annual Review Date: 9/2/2022; 4/14/2023; 11/9/2024; 10/10/25	Retire Date:

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. The PCM agency provides members with ongoing **functional skills training** to help member successfully manage the PCA program, including recruiting, interviewing, and training and their PCA.

Consumer/Self-Directed PCA program for **SCO members** must include **physical assistance** with two or more Activities of Daily Living (ADLs) and may also include health related tasks (e.g., wound care, glucose monitoring). PCA program for **One Care members** may include assistance with cueing/monitoring **and/or** physical assistance to allow member to complete two or more Activities of Daily Living (ADLs) and health related tasks, as noted above. When specified in the care plan, PCA program 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 member, not the member's family. Less costly alternatives to PCA program, such as use of durable medical equipment (DME) (e.g., ambulatory devices, tub seat) that promotes the member's greatest degree of independence in performing ADLs and IADLs should be considered during member assessment.

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. A PCA may perform some 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.



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Agency personal care services (PCS) may be indicated for members who do not wish to assume the employer responsibilities required for PCA program, and for those members who are assessed as needing a surrogate to manage PCA program but do not have a surrogate. **Refer to Personal Care Agency Services (Agency Delivery) Medical Necessity Guideline #081.**

DEFINITIONS:

- **Activities of Daily Living (ADLs):** Those specific activities described in 130 CMR 422.410(A) and in the Contract for Personal Care Management (PCM) Services. 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.
- **Activity Form:** The timesheet, in a form and format designated by the MassHealth agency, including through the use of Electronic Visit Verification (EVV), to be used by the member, the member's surrogate or administrative proxy, if any, and the PCA for recording all PCA activity time for each pay period.
- **Activity Time:** The actual amount of time spent by a PCA physically assisting the member with ADLs and Instrumental Activities of Daily Living (IADLs). Activity time is reported on the activity form.
- **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.
- **Assessment:** A 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. The PCM agency conducts an assessment of a member and surrogate or administrative proxy, if any, in accordance with 130 CMR 422.422(A) and the contract for PCM functions. The result of an assessment of the member is a determination that the member either requires a surrogate or administrative proxy to receive PCA services or can manage the PCA program independently. The result of an assessment of the surrogate or administrative proxy, if any, is a determination about whether the surrogate or administrative proxy can appropriately and effectively manage the PCA program on behalf of the member. **Consumer:** A member who is receiving PCA services. The consumer is the employer of the PCA.
- **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.
- **Evaluation:** An initial determination by the PCM agency of the scope and type of PCA services to be provided to a **One Care member** who meets the qualifications of 130 CMR 422.403. The evaluation is conducted in accordance with 130 CMR 422.422(C) or 422.438(B).
- **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.

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- **Functional Skills Training:** Instruction provided by a PCM agency in accordance with 130 CMR 422.421(B), including in-person comprehensive functional skills training, in-person issue-focused functional skills training, and telephonic functional skills training, to assist members who have obtained prior authorization for PCA services and their surrogates and administrative proxies, if necessary, in developing the skills and resources to maximize the member's management of the PCA program, including, but not limited to, personal health care, PCA services, activities of daily living, and activities related to the fiscal intermediary.
- **Instrumental Activities of Daily Living (IADLs):** Those specific activities described in 130 CMR 422.410(B) 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 Attendant Program (PCA Program):** A MassHealth program under which PCA services and associated Personal Care Management and Fiscal Intermediary functions are available to MassHealth members including, for the sole purpose of M.G.L. c. 118E, §§ 70 through 75, those services and functions when provided through a senior care organization (SCO) as defined in M.G.L. c. 118E, § 9D, or an integrated care organization (ICO) as defined in M.G.L. c. 118E § 9F. Unless explicitly stated in 130 CMR 422.000, the SCO's MassHealth contract, or the ICO's MassHealth contract, no other provisions of 130 CMR 422.000 apply to any SCO, ICO, or PCA hired by an eligible MassHealth member through a SCO or ICO.
- **Personal Care Attendant Services (PCA Services):** Physical assistance with ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410
- **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 and the PCM agency contract.
- **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.
- **Reevaluation:** An assessment of a member's continuing need for PCA services to be provided to a member who



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requests a continuance of PCA services, because the current authorization is expiring. The reevaluation must be conducted in accordance with 130 CMR 422.422(D).

- **Respite Services:** Services provided to members unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of unpaid caregivers.
- **Self-directed Services:** A model of service delivery in which a waiver participant has decision making authority over certain aspects of the delivery of their care.
- **Service Plan:** A written document that specifies the waiver and other services (regardless of funding source) along with any informal supports that are furnished to meet the participant's needs and goals, as assessed and identified through a person-centered planning process, and to assist a participant in remaining in the community. Service Plan is also known as the individual service plan and can include the waiver plan of care.
- **Surrogate:** The member's legal guardian, a family member, or other person as identified in the service agreement, who is responsible for performing certain PCA management tasks that the member is unable or unwilling to perform.

DECISION GUIDELINES:

Prior authorization is required for Personal Care Attendant (PCA) Program, which may include assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). An in-home assessment is conducted to determine eligibility and the number of hours of assistance with ADLs and IDALs (activity time) the member needs. In determining the number of hours of physical assistance that a member requires for IADLs, the PCM agency must assume the following:

- a. When a member is living with family members, the family members will aid with most IADLs, for example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member; **AND**
- b. When a member is living with one or more other members who are authorized for PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.

CCA Care Team will ensure that time allocated for PCA program activities is non-duplicative with other covered and authorized services received by member.

Members must be assessed **annually** at least 21 days prior to the end of the current authorization period and receive ongoing skills training, **or sooner if there is a change in a member's functional status and/or living arrangements**. Failure to conduct an annual assessment and skills training may lead to termination of services.

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) may cover Personal Care Attendant Program (PCA) services when all the following criteria are met:

1. The member has a documented permanent or chronic physical, cognitive, or behavioral condition; and
2. Documentation of how member's condition impairs their functional ability to perform activities of daily living (ADLs) and if applicable, instrumental activities of daily living (IADLs) without assistance; and
3. An assessment of **SCO member's** functional needs by a registered nurse (RN) **or** licensed practical nurse (LPN) **and** occupational therapist (OT) identifies **SCO member's** inability to complete **two or more** ADLs (listed and defined below) independently **without physical (hands-on) assistance; OR**

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An assessment of **One Care member's** functional needs by a registered nurse (RN) **or** licensed practical nurse (LPN) under the supervision of a RN **and** occupational therapist (OT) identifies **One Care member's** inability to complete **two or more** activities of daily living (ADLs), listed and defined below, independently **without physical (hands-on) assistance and/or cueing/prompting and monitoring during the activity:**

- a. **Mobility:** Physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment
 - b. **Assistance with medications or other health-related needs:** Physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered
 - c. **Bathing or grooming:** Physically assisting a member with bathing, personal hygiene, or grooming
 - d. **Dressing:** Physically assisting a member to dress or undress
 - e. **Passive range-of-motion exercises:** Physically assisting a member to perform range-of motion exercises
 - f. **Eating/feeding:** Physically assisting a member to eat. This can include assistance with tube feeding and special nutritional and dietary needs
 - g. **Toileting:** Physically assisting a member with bowel or bladder needs; and
4. If the member meets criterion 3, PCA program services may be provided to assist 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; and/or
 - b. **Meal Preparation and clean-up:** Physically assisting to prepare meals; and/or
 - c. **Transportation:** Accompanying member to medical provider appointments; and/or
 - 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; and
 5. Documentation supports how PCA program is needed to improve or maintain member's current health status; and
 6. Member can be appropriately cared for in the home; and
 7. PCA program services are not duplicative of other services being received by member; and
 8. Completed and signed assessment of the member's ability to manage the PCA program independently **OR** member has identified and agreed to a surrogate to manage the PCA program on their behalf; and
 9. The following assessments and documents are required:
 - a. PCA Functional Assessment Tool; and
 - b. Assessment of member's ability to manage the PCA program independently **OR** Member has agreed to and identified a surrogate to manage the PCA program on their behalf; and
 - c. Assessment for hours needed
 - d. Functional skills training conducted by the PCM Agency; and
 - e. Additional narrative needed to support medical necessity.



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LIMITATIONS/EXCLUSIONS:

CCA does not cover PCA program for the following exclusions/limitations:

1. Exclusions:

- a. **SCO Only:** PCA program services may not be authorized for cueing or monitoring **only** to complete an ADL. The need for physical (hand-on) assistance is required.
- b. PCA program is not covered for anticipatory needs or supervision outside of ADL and IADL activities.
- c. PCA program is not covered for Social Services including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies.
- d. PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure, such as a group home.
- e. PCA services provided to a member during the time a member is participating in a community program funded by MassHealth including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care. PCS services may not be combined with Adult Foster Care (AFC) unless an emergency backup and personal care contingency plan is developed for the member receiving AFC in conjunction with the multidisciplinary team (MDT) the AFC caregiver, and the member or responsible party and contingency plan includes alternative plan for the member if the AFC caregiver is temporarily unable to provide care.
- f. CCA does not cover PCA program services when there is a less costly alternative such as minor home modifications or use of assistive devices that promote the member's greatest degree of independence in performing ADLs and IADLs.
- 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 family members, as defined above, or member's surrogate.

2. Limitations:

- a. CCA does not cover duplicative services. CCA 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 or Functional Assessment 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, One Care members should be assessed for supervision, cueing, and/or monitoring needs.
- c. When a member is living with a spouse or legally responsible relative, it is expected that the family members will aid 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.
- d. 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.
- e. 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.



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CODING:

When applicable, a list(s) of codes requiring prior authorization is provided. This list is for reference purposes only and may not be all inclusive. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment.

CPT/HCPCS CODE	CODE DESCRIPTION
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1022	Contracted home health agency services, all services provided under contract, per day

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

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses evidence based InterQual® criteria, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (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. Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

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. 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).

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



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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.

REVISION LOG:

REVISION DATE	DESCRIPTION
10/10/24	Title change, updates to overview section and definitions. Updates and additions to clinical coverage criteria and limitations/exclusions. Removal of Adult Foster Care (AFC) Level 2 Respite services exception.
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:

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