



Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Personal Care Attendant (Consumer-Directed)		
MNG #: 80	<input type="checkbox"/> SCO <input type="checkbox"/> One Care <input type="checkbox"/> MAPD-MA Medicare Preferred <input type="checkbox"/> MAPD-MA Medicare Value <input type="checkbox"/> MAPD-RI Medicare Preferred <input type="checkbox"/> MAPD-RI Medicare Value <input type="checkbox"/> DSNP-RI Medicare Maximum	Prior Authorization Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical: <input checked="" type="checkbox"/>	Operational: <input type="checkbox"/>	Informational: <input type="checkbox"/>
Medicare Benefit: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approval Date: 9/2/2021;	Effective Date: 2/06/2022;
Last Revised Date:	Next Annual Review Date: 9/2/2022;	Retire Date:

DEFINITION: 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.

OVERVIEW:

Consumer-Directed Personal Care Attendant (PCA): PCA services 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 Assistance for ICO (One Care) members includes one (1) or both of the following: cueing or monitoring with at least 2 ADLs and/or physical assistance with 2 ADLs as noted above.** When specified in the care plan, this service 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 individual’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.

PCA services do not include assistance with activities that are not essential to the health care of the member, such as babysitting, lawn maintenance, paying bills, and recreational activities. CCA cannot pay for PCA services provided by a PCA who the member’s spouse is, legally responsible relative, or PCA surrogate.



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DECISION GUIDELINES:

Clinical Eligibility:

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:**

- Mobility, including transfers -physically assisting member who has mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment.
- Bathing/Grooming – physical assistance with bathing, grooming and personal hygiene.
- Dressing/Undressing – physical assistance to dress and undress.
- Passive range of motion exercises – physically assisting a member to perform range of motion exercises.
- Eating/feeding – physical assistance with eating which includes tube feedings and special nutritional dietary needs.
- Toileting – physical assistance with bowel and bladder needs.
- Taking medication or other health-related needs – physical assistance to take medications that are otherwise self-administered.

If member meets the 2 ADL requirements, member may receive assistance with the following IADLs:

- Household services - physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping
- Meal Preparation and clean-up - physically assisting to prepare meals
- Transportation - accompanying to medical providers
- 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) with **hands-on physical assistance and/or cueing or monitoring:**

- Mobility, including transfers – physically assisting, cueing or monitoring a member who has mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment.
- Bathing/Grooming – physical assistance, cueing or monitoring with bathing, grooming and personal hygiene.
- Dressing/Undressing – physical assistance, cueing or monitoring to dress and undress.
- Passive range of motion exercises – physical assistance, cueing or monitoring a member to perform range of motion exercises.
- Eating/feeding – physical assistance, cueing or monitoring with eating which includes tube feedings and special nutritional dietary needs.



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- Toileting – physical assistance, cueing or monitoring with bowel and bladder needs.
- Taking medication or other health-related needs – physical assistance, cueing or monitoring to take medications that are otherwise self-administered.

If member meets the 2 ADL requirements, they may receive additional **hands-on assistance, cueing or monitoring** with the following IADLs:

- Household services - physically assisting, cueing or monitoring with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping
- Meal Preparation and clean-up - physically assisting, cueing or monitoring to prepare meals
- Transportation - accompanying to medical providers
- 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.

The care team must identify the condition or syndrome that underlies the disability, as well as the nature of the functional impairment.

In addition, 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. A Surrogate is a volunteer and unpaid position typically filled by a friend or family member. Prior to starting PCA services, the member and their PCA must complete skills training which is provided by the PCM agency.

Determination of need: In order to receive PCA, 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 number of hours of physical assistance the member requires.

The following assessments and documents are required prior to the start of PCA services:

1. Assessment – If an ICO member, an assessment by the PCM; if a SCO member, an assessment by the CCA SCO PCA Assessment team/Delegated Site Care Management Organization (CMO).
2. Surrogacy – Surrogacy assessment is conducted by the PCM.
3. Skills training - Conducted by the PCM for hours assessed.

LIMITATIONS/EXCLUSIONS:

Exclusions:

- **SCO Only:** PCA may not be authorized for supervision or cueing to complete an ADL, or for possible or preventive needs.
- 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.



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- CCA does not pay for PCA provided in a 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]).
- PCA may not be provided in Adult Day Health centers, Day Habilitation Centers, or in any other setting that includes assistance with ADLs.
- PCA may not be combined with GAFC or agency personal assistance services (PC, HM, HHA), except when agency services are provided as back-up for PCA.
- CCA does not cover or pay for PCA surrogates.

Limitations:

- Authorizations must not exceed the standards of the MassHealth Time for Task Standards (ICO) and CCA's PCA Assessment Tool based on the MassHealth PCA Evaluation Time for Task Tool (SCO).
- Respite care* - Up to 10 hours per week of PCA 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.)
- If the member lives with a relative or other caregiver, they are expected to provide assistance with most IADLs such as routine laundry, housekeeping, shopping and meal preparation and clean-up and would not be included in the PCA hours, unless otherwise authorized. Any exceptions must be clearly documented.
- PCA may not be provided to the benefit of non-disabled household members; for example, cleaning common areas or laundry for other persons living in the home.
- 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 will lead to termination of services.

Members who have obtained prior authorization from CCA for PCA services and have been admitted to a hospital are 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.

KEY CARE PLANNING CONSIDERATIONS:

- The care team must ensure that services are non-duplicative.
 - Member should not receive Home Health and Personal Care Agency services while receiving PCA Services. Laundry, grocery shopping, meals and housekeeping services should be included in the PCA authorized hours.
 - PCA may perform nursing tasks like medication administration, dressing changes, injections and vital sign monitoring. Skilled Nursing may be required to assist in the training of the PCA to conduct these activities. Ongoing nursing should not be provided when a PCA is trained.
- It is important to support and maintain the involvement of informal supports in the member's care.
- Less costly alternatives to personal assistance services must be considered, such as home modifications or



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assistive devices that promote the member's greatest degree of independence in performing ADLs and IADLs.

- Agency personal care services may be indicated for members who do not wish to assume the employer responsibilities required for PCA, and those members who are assessed as needing a Surrogate to manage PCA but do not have a Surrogate.
- **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.

AUTHORIZATION:

PCA requires prior authorization.

AUTHORIZATION DOCUMENTATION REQUIREMENTS:

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

1. MassHealth PCA Evaluation Time for Task Tool (ICO) or current CCA PCA Assessment Tool based on the MassHealth PCA Evaluation Time for Task Tool (SCO)
2. Surrogacy Assessment
3. Completed Skills training
4. Additional narrative needed to support medical necessity.

ICO:

The CCA Care Partner and interdisciplinary team can identify a need for PCA. An authorization is provided to the PCM Agency for an in-home assessment to determine eligibility of program, need for surrogate and hours of need. Upon determination, if member meets eligibility criteria, the PCM will submit the PCA Assessment tool along with a Prior Authorization Request. If the member is found to be ineligible, the PCM will submit a request to CCA for denial. 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 is responsible for determining eligibility and hours of physical assistance for PCA in accordance with 130 CMR 422.000 and this Decision Support Tool utilizing the CCA PCA Assessment Tool. Initial Assessments and assessments for change in status must be completed by an Occupational Therapist (OT) and Registered Nurse (RN). Annual assessments may be completed by a RN or a Licensed Practical Nurse (LPN) under the supervision of a RN.

Codes:



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Service	POS	Procedure Code	Unit of Measurement
Personal Care Mgmt. Skills Training	11,12,99	T2022	Per Month
Personal Care Mgmt. Assessment (Initial Eval for PCA – One Care Only)	12,99	99456	Per Session
Personal Care Mgmt. Assessment (Annual Re-eval for PCA – One Care Only)	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

One Care Member Handbook

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

RELATED REFERENCES:

This MNG guide is not a rigid rule. CCA has the mission to address all of our complicated members' health needs. Care partners can identify members with Behavioral Health and HOPE (*) challenges who may benefit from extending these guidelines to support our at-risk members' unique health challenges. CCA encourages our clinicians to clearly document our members' unique health contexts when requesting care which does not meet this formal MNG's conditions and recommendations.

*High Opiate Patient Engagement = members with high doses of opiates whom we hope to help by treating their pain alternatively and reducing their exposure to dangerous opiates.



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ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

APPROVALS:

Avideep Chawla CCA Senior Clinical Lead [Print]	Director, Utilization Management Title [Print]
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 Signature	9/2/2021 Date
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Doug Hsu CCA Senior Operational Lead [Print]	Vice President, Medical Policy and Utilization Review Title [Print]
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 Signature	9/2/2021 Date
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Medical Necessity Guideline

Lori Tishler

Senior Vice President, Medical Services

CCA CMO or Designee [Print]

Title [Print]

Lori Tishler

9/2/2021

Signature

Date

Not Effective Until 2/06/2022