



Personal Care Assistance Overview

April 2020

January 2022 – updates

CONTENT

- Changes to training (January 2022) in GREEN
 - Slides added or updated to reflect changes/updates
 - recorded training will not reflect these changes, please reference slides
- Medica Training Requirements
- PCA Assessment Purpose/Process
- Documentation Expectations
- Assessment Specifics
- Authorizations

PCA Updates – January 2022

- Individual PCA monthly limit (Slide 7)
- Enhanced PCA (Slide 41, 42)
- Authorizations (Slide 46)

DHS PCA Training Legacy Assessment Video Requirement

Effective November 2017

The DHS PCA Training Videos are located at one of the links below:

YouTube

https://www.youtube.com/playlist?list=PL6_zMEWPk7PIgpWE9tewalGuWSEo0WJCw

OR

[DHS TrainLink](#)

- Sign on using your Unique Key. Choose “find a course” and in the search box type in “PCA”
- PCA Legacy Assessment – required training



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Course Code	Course Name	Sessions	Delivery Method	Next Availability
DSDPCAL	PCA LEGACY ASSESSMENT	0	Web Based Training	Online / On Demand
PPOL2018	PCA POLICY FOR LEAD AGENCIES	0	Web Based Training	Online / On Demand

Complete the [Attendance Log for Care Coordinator Trainings](#) indicating DHS PCA Video Training and email it to MedicaCCSupport@Medica.com

Please reference the videos as needed to familiarize yourself when needed and conducting PCA assessments

Who Can Conduct a PCA Assessment?

- **Medica Care Coordinators** complete the Supplemental Waiver PCA Assessment and Service Plan (DHS 3428D) when completing the LTCC (DHS 3428)
 - Best Practice is for the Care Coordinator completing the LTCC to also complete the Supplemental PCA Assessment
 - Currently, only a PHN can conduct a PCA Assessment separate from the LTCC using the PCA Assessment and Service Plan (DHS 3244)
- For members on **other waivers** managed by the county (ex: CADI), Medica will accept the MnCHOICES Assessment completed by the county waiver case manager
 - CC will need to coordinate obtaining the MnCHOICES assessment with the waiver case manager and the CC will complete the authorization process
 - The county waiver case manager is responsible for completing the PCA assessment and may complete using a Legacy Assessment
 - CC will obtain a copy of the assessment that determines the amount of PCA to authorize for the member record and complete the referral request form. The CC will review and follow up with assessor if clarification is needed from the assessment to assure CC's HRA is reflective of member's needs. CC can use DHS 5841 to communicate with the waiver case manager.
 - **NOTE:** Extended PCA services (waiver service) are authorized by the county waiver case manager and not billed to Medica. Medica does not authorize Extended PCA or any waiver service for other waivers

PCA Assessment Purpose

- A review and evaluation of a member's need for home care services on a typical day at the time of the assessment
- The assessment determines the medical necessity and need for services
- It includes the assessment of the member, access to the PCA services, and the authorization of time
- Not determining how the services will be used or how the services will be supervised
- Record of the assessment findings including observations and report of the member
- The assessment becomes a document used in the appeal process
- Assessments are completed at member's residence



Note about the LTCC/PCA Assessment

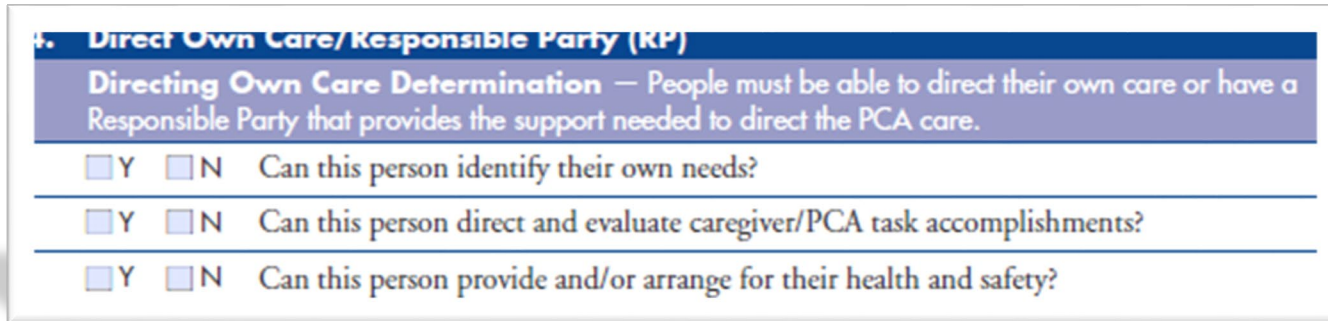
- Gain a good understanding of how the member's PCA services are being provided
- PCA cannot participate in the assessment
- Individual PCA's are limited to **310** hours a month
- Understand what tasks the PCA is doing for the member and any other formal or informal support for care planning purposes
- Understand what tasks a PCA can do, including instrumental activities of daily living tasks
- Most cost effective service to meet the member's assessed need

Required at the Assessment

Member

Responsible Party

- If member requires a Responsible Party, RP must be at the assessment



4. Direct Own Care/Responsible Party (RP)
Directing Own Care Determination — People must be able to direct their own care or have a Responsible Party that provides the support needed to direct the PCA care.

Y N Can this person identify their own needs?

Y N Can this person direct and evaluate caregiver/PCA task accomplishments?

Y N Can this person provide and/or arrange for their health and safety?

Interpreter

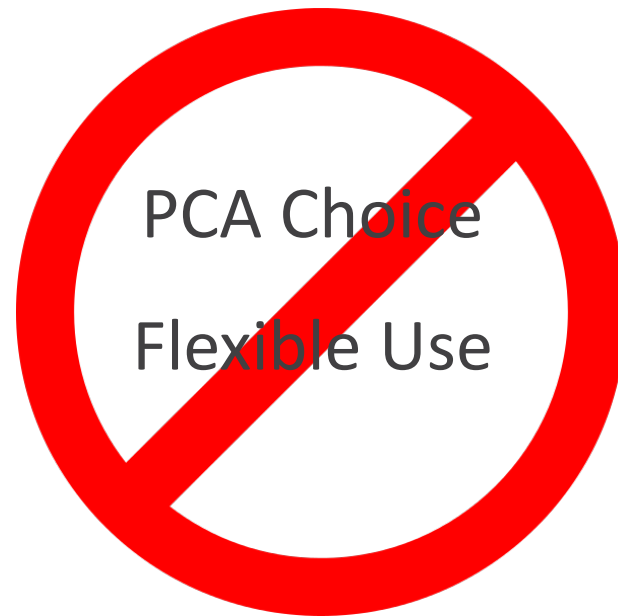
- If the member requires an interpreter, the interpreter must be at the assessment and sign the signature page
- The interpreter cannot be family or the PCA and must come from an interpreter agency contracted with Medica
- The interpreter is there for the member/RP but also to aide the CC in completing a thorough and accurate assessment of the member

PCA Provider Information

3. PCA Provider(s) Information							
AGENCY NAME		NPI/UMPI		AGENCY NAME		NPI/UMPI	
<input type="checkbox"/> PCPO	<input checked="" type="checkbox"/> PCA CHOICE AGENCY	<input type="checkbox"/> OTHER	TAXONOMY CODE	<input type="checkbox"/> PCPO	<input type="checkbox"/> OTHER	TAXONOMY CODE	
EXPLAIN:							
ADDRESS				ADDRESS			
CITY		STATE	ZIP	CITY		STATE	ZIP
PHONE NUMBER		FAX NUMBER		PHONE NUMBER		FAX NUMBER	
4. Direct Own Care/Responsible Party (RP)							

- **PCPO**-Is the Traditional PCA Agency
- **PCA Choice**-Consumer Responsible for hiring, training, scheduling and terminating their PCA's.
 - Assessor responsible for to information member about PCA choice option. If PCA choice, can only use one PCA agency.
 - PCA choice option information in [DHS PCA Manual](#)
 - Can be denied if the assessor determines the use of this option jeopardizes the member's health and safety
- **NPI/UMPI and Taxonomy Code**- provider specific information. This section does not need to be completed

Cannot use PCA Choice or choose a flexible service plan



5. Recipient Specific Information			
Diagnosis	Comments	ICD Code	Date of onset if known
OTHER COMMENTS ABOUT THIS REFERRAL			

- Include diagnoses related to the need for PCA services
- Use “other comments about this referral” section to provide additional diagnosis and information to support the PCA assessment information

Intervention that is ordered by a physician and specified in a plan of care

If it is determined that the member meets criteria for a Complex Health Related Need (if the member has 2 or more dependencies) it will affect their home care rating and an additional 2 units/day are given for each category



- Tube Feeding
- Parenteral/IV Therapy
- Wounds
- Respiratory Interventions
- Catheter Insertion and Maintenance
- Bowel Program
- Neurological Interventions
- Other Congenital or Acquired Diseases

Complex Health-Related Need Respiratory

6. Complex Health-Related Needs — A complex health-related need is an intervention that is ordered by a physician and specified in a care plan. A PCA may or may not be able to assist with the health-related need. NOTE: When typing text in the box, watch to keep the text within the size of the box. When additional text is needed, continue the text in the comment space at the end of this section. Be sure to identify the text with the complex health-related need.

Categories and descriptions of complex health-related needs	Guidelines/Intent Yes means:	Not considered Complex Health-Related Needs
*Respiratory Interventions		
<ul style="list-style-type: none"> ■ Oxygen required more than 8 hours/day or night 	<ul style="list-style-type: none"> ■ Intent is this is a daily need ■ Physician order for the daily oxygen with monitoring of oxygen saturation rate with needs for intervention ■ BiPAP or CPAP for crucial life support 	<ul style="list-style-type: none"> ■ Intermittent or PRN need for oxygen ■ Use of oxygen monitor or apnea monitor only ■ Nebulizer treatments ■ CPAP for snoring or sleep apnea
<ul style="list-style-type: none"> ■ Respiratory vest more than 1 time/day 	<ul style="list-style-type: none"> ■ Vest is present in home with physician order for number of times per day 	
<ul style="list-style-type: none"> ■ Bronchial drainage treatment more than 2 times/day 	<ul style="list-style-type: none"> ■ Intent is this is required on a daily basis 	

Complex Health Need: Respiratory Interventions		
Category	Meets Criteria	Does Not Meet Criteria
Oxygen	Required more than 8 hours per day or night with physician order for monitoring	<ul style="list-style-type: none"> ■ Intermittent or PRN need for oxygen ■ Use of oxygen monitor or apnea monitor only ■ Nebulizer treatments

Complex Health-Related Need Respiratory Documentation

Example 1

O=Observed R=Reported

Complex Health-Related Need	Y	N	Description of Need		
				O	R*
*Respiratory Interventions	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Oxygen required more than 8 hours/day or night			Oxygen use intermittently throughout the day/night as needed for member comfort. Does not met criteria.	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Example 2

*Respiratory Interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Oxygen required more than 8 hours/day or night			Oxygen continuous use, 24 hours a day. <u>Oximeter</u> to check saturations 3x/day and adjust oxygen flow per	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments on complex health-related needs

Oxygen: Oxygen continuous 24 hours/day. Check oxygen saturations 3x/day and adjust oxygen flow per MD instruction.

Complex Health-Related Need Wounds

Complex Health Need: Wounds		
Category	Meets Criteria	Does Not Meet Criteria
Wounds, including wounds that are due to poor circulation	Sterile or clean dressing changes or a wound vac or Stage III or IV wounds	Preventative skin care Insect bites or rashes
Open lesions or sites	Burns, fistulas, tube sites or ostomy sites that require specialized care Specialized care means physician-ordered regimen and/or Wound Care Nurse protocols and visits	Established tracheostomy sites or ostomy sites

- Table from DHS training: when an ostomy site is healed and recipient needs only general care, this does not meet the criteria
- Reminder-Does not include preventative care, blisters, rashes or insect bites

Complex Health-Related Need Catheter

Complex Health Need: Catheter Insertion and Maintenance		
Category	Meets Criteria	Does Not Meet Criteria
Indwelling catheter	Sterile catheter changes more than 1 time per month on a regular basis Foley and Suprapubic catheters	External catheters Urostomy or nephrostomy are considered in the toileting ADL
Intermittent catheter	Clean self-catheterization more than 6 times daily	Does not include external catheter Used as a treatment less than the 7 times per day Used as a short term need
Bladder irrigations	Continuous bladder irrigation administration, such as to prevent blood clot formation post-surgery	Non-continuous bladder irrigation

Above table from DHS Training

Examples of Complex Health-Related Needs Parenteral/IV documentation:

Does this documentation support the complex health related need?

O=Observed R=Reported

Complex Health-Related Need	Y	N	Description of Need	O	R*
*Parenteral/IV Therapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
IV therapy more than two times per week lasting longer than 4 hours for each treatment			Hemodialysis M,W,F	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Total parenteral nutrition (TPN) Daily				<input type="checkbox"/>	<input type="checkbox"/>

Dialysis is a Parenteral/IV Therapy Complex HRN and is occurring more than two times a week, however the documentation does not indicate how long the treatment lasts. This additional information is required to support a yes in this complex health related need

Complex Health-Related Need Bowel Program

Categories and descriptions of complex health-related needs	Guidelines/Intent Yes means:	Not considered Complex Health-Related Needs
*Bowel Program		
<ul style="list-style-type: none">■ Program completed more than 2 times/week requiring more than 30 minutes to complete	<ul style="list-style-type: none">■ Specific to those who cannot eliminate bowels due to neurological issues – recognized term for people who have a need for an ongoing bowel management program and prescribed by physician■ Intent is to include those with spinal injuries, paralysis, neuro-injury and congenital diagnoses	<ul style="list-style-type: none">■ PRN or daily need for laxatives, suppositories, enemas■ Colostomy and ileostomy care found in toileting ADL

Complex Health-Related Bowel Program Documentation

Complex Health-Related Need	Y	N	Description of Need	O	R
*Bowel Program	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Program completed more than 2 times/week requiring more than 30 minutes to complete			Suppository 2x/week for constipation	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Not enough information to support the yes...it does not meet criteria. Criteria is MORE than 2 times a week and it also does not indicate how long it takes to complete the bowel program.
- Must also include the diagnosis related to the need for a bowel program included here (neurological diagnosis)

Complex Health-Related Neurological Intervention

Categories and descriptions of complex health-related needs	Guidelines/Intent Yes means:	Not considered Complex Health-Related Needs
*Neurological Intervention		
<ul style="list-style-type: none"> Seizures more than 2 times/week and requires significant physical assistance to maintain safety 	<ul style="list-style-type: none"> Person who is experiencing a seizure requires hands on assistance to maintain safety before, during and after a seizure. 	<ul style="list-style-type: none"> If seizure free for 1 year or more, even if on medications
<ul style="list-style-type: none"> Swallowing disorders diagnosed by a physician and requires specialized assistance from another on daily basis 	Need for specialized assistance: <ul style="list-style-type: none"> Oral Stimulation Program Special diet including thickening agents due to swallowing disorder Could be congenital, neurological, trauma 	<ul style="list-style-type: none"> Repaired cleft lip/palate will usually not qualify for this category as most repairs are completed by the time a child is 12 months of age Stand by assistance to observe for choking is part of Eating ADL

*Neurological Intervention	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures more than 2 times/week and requires significant physical assistance to maintain safety			
Swallowing disorders diagnosed by a physician and requires specialized assistance from another on daily basis			

Complex Health-Related Neurological Intervention

O=Observed R=Reported

Complex Health-Related Need	Y	N	Description of Need	O R*	
				O	R*
*Neurological Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Seizures more than 2 times/week and requires significant physical assistance to maintain safety				<input type="checkbox"/>	<input type="checkbox"/>
Swallowing disorders diagnosed by a physician and requires specialized assistance from another on daily basis			Due to diagnoses member has swallowing problems and may choke during meals	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Does not include the swallowing disorder, references diagnosis
- Does not indicate what the specialized assistance from another is on a daily basis
- Eating dependency can be given if member needs stand by assistance for choking
- Does not meet criteria for Yes

Complex Health-Related Need Other Congenital or Acquire Dz Reminder

Complex Health Need: Other Congenital or Acquired Diseases		
Category	Meets Criteria	Does Not Meet Criteria
Need for significantly increased direct hands-on assistance related to diagnosis	6 to 8 ADL dependencies And requires considerable hands-on assistance in ADLs Some examples of diagnoses that may create the need for extensive assistance: spinal stenosis, muscular dystrophy, multiple sclerosis, cerebral palsy, stroke, brain injury, end stages of cancer, ALS	Less than 6 ADL dependencies Recipient has 6 or more dependencies, but not an extensive need for hands-on assistance in ADLs

- Must have 6-8 ADL dependencies **AND requires considerable/extensive hands-on assistance in ADL's**
- Not all persons with a congenital or acquired disease meet criteria
- Must clearly document what the extensive hands on assistance is member qualifies for this complex health-related need

Complex Health-Related Need *Other Congenital or Acquired Diseases

Complex Health-Related Need	Y	N	Description of Need	O	R
*Other Congenital or Acquired Diseases	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Creates need for significantly increased direct hands-on assistance and interventions in 6 to 8 ADLs			Member requires assistance with 7ADLs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

- Dependency in 7 ADL's alone does not meet criteria for this category
- Documenting a neurological diagnosis and 7 ADL's does alone does not meet criteria
- Must document what is the extensive need for hands on care and provide more detail here using the "comments on complex health-related needs" at the end of the section to document why member meets this criteria
- Include diagnosis that support the need for extensive direct hands on care

Behaviors:

- Can be access criteria to PCA (Level I)

Summary based on your assessment. This is a summary of the results.

1. Access to PCA Service

This person meets access criteria through: 1 ADL dependency and/or Level 1 Behavior
 2 or more ADL dependencies

- May meet the criteria for extra time

Determination of additional time — Do any of the behaviors documented above require assistance at least 4 times/week. If so, add an additional 30 minutes of time per description to the base time for the recipient. 90 minutes is the maximum time allowed.

Three Behavior Categories

1. Level I
2. Increased Vulnerability
3. Resistive to Care or Verbal Aggression

Level I Behavior

Level I Behavior: Physical Aggression towards self, others, or destruction of property that requires the immediate response of another person

- A member may access PCA services through Level I behavior if they have had a minimum of 1 occurrence of Level 1 behavior in the past year
- Level I behavior also impacts the Home Care Rating
- Indicate Level I according to the above definition has occurred at least once in the past year by checking Y or N

Behaviors and Descriptions	O	R*
Presence of Level I Behavior: physical aggression toward self, others or destruction of property that requires the immediate response of another person.	<input type="checkbox"/> Y <input type="checkbox"/> N	

- Check Yes only if member has had a Level I behavior in the past year

Physical Aggression (Level I Behavior)

Physical Aggression (Level I Behavior)

- A member may qualify for additional time if physical aggression has occurred 4 or more times per week AND requires the immediate assistance of another person
- Provide a description of the behavior, frequency in which it occurs, intervention needed by another person/caregiver and how the behavior impacts the members day
- If no behaviors are present, include documentation that shows it was assessed (ie. No reports or observation of Level I Behavior)

Describe Level I Behavior	<input type="checkbox"/>	<input type="checkbox"/>
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- If your description of Level I Behavior states that the presents occurs at least 4 or more times a week, indicate by checking Y, if not, chose N

Determination of additional time — Do any of the behaviors documented above require assistance at least 4 times/week. If so, add an additional 30 minutes of time per description to the base time for the recipient. 90 minutes is the maximum time allowed.	Y	N
*Increased vulnerability due to cognitive deficits or socially inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
* Resistive to care, verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>
*Physical aggression towards self, others or destruction of property that requires the immediate response of another person	<input type="checkbox"/>	<input type="checkbox"/>

Increased Vulnerability due to Cognitive Deficits or Socially Inappropriate Behavior

Increased Vulnerability due to Cognitive Deficits or Socially Inappropriate Behavior

- A member may qualify for additional time under increased vulnerability due to cognitive deficits or socially inappropriate behavior has **occurred 4 or more time a week AND requires the intervention of another person**
- Document description of he behavior, frequency in which it occurs, intervention needed by another person/caregiver and how the behavior impacts the member’s day
- If no behaviors are present, include documentation that shows it was assessed (ie. No reports or observation of increase vulnerability due to cognitive deficits or socially inappropriate behavior)

Describe increased vulnerability due to cognitive deficits or social inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
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- If the description under increased vulnerability due to cognitive deficits or socially inappropriate behavior states that these behaviors have occurred at least 4 or more times a week AND requires the intervention of another person indicate by checking Y or N

Determination of additional time — Do any of the behaviors documented above require assistance at least 4 times/week. If so, add an additional 30 minutes of time per description to the base time for the recipient. 90 minutes is the maximum time allowed.	Y	N
*Increased vulnerability due to cognitive deficits or socially inappropriate behavior	<input type="checkbox"/>	<input type="checkbox"/>
* Resistive to care, verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>
*Physical aggression towards self, others or destruction of property that requires the immediate response of another person	<input type="checkbox"/>	<input type="checkbox"/>

Resistive To Care, Verbal Aggression

Resistive To Care, Verbal Aggression

- A member may qualify for additional time under resistive to care, verbal aggression if the behavior has **occurred 4 or more time a week AND requires the intervention of another person**
- Document description of he behavior, frequency in which it occurs, intervention needed by another person/caregiver and how the behavior impacts the member’s day
- If no behaviors are present, include documentation that shows it was assessed (ie. No reports or observation of increase vulnerability due to cognitive deficits or socially inappropriate behavior)

Describe resistive to care, verbal aggression	<input type="checkbox"/>	<input type="checkbox"/>

- If the description under Resistive to care, verbal aggression states that these behaviors have occurred at least 4 or more times a week AND requires the intervention of another person indicate by checking Y or N

Determination of additional time — Do any of the behaviors documented above require assistance at least 4 times/week. If so, add an additional 30 minutes of time per description to the base time for the recipient. 90 minutes is the maximum time allowed.	Y	N
*Increased vulnerability due to cognitive deficits or socially inappropriate behavior		
* Resistive to care, verbal aggression		
*Physical aggression towards self, others or destruction of property that requires the immediate response of another person		

Behaviors Tips/Reminders

- Detailed descriptions substantiate when time is given for behaviors, but also when behaviors are present but do not meet dependency criteria
- Diagnosis alone does not equal the presence of a behavior
- Need for 24 hour supervision is not a behavior
- **Frequency** and what **intervention** is required determines if additional time is given for the behavior

Activities of Daily Living

Dependency

- A person requires assistance to begin and complete the activity and has a need on a daily basis or needs on the days during the week the activity occurs.
 - **Cuing AND constant supervision OR Hands on assistance** to begin and/or complete the task
- Constant – frequent intervention is needed to ensure a task is completed
- The assessor is evaluating dependences with the home environment in mind. Supports outside their home can be included in the care plan, but eligibility for dependency is based on the home environment
- Descriptions for each ADL starts on page 18



Comparison of Scoring of ADLs for LTCC and PCA Assessment

Positioning

Assistance with positioning or turning a person for necessary care and comfort. Considerations include person's challenges due to their diagnosis or health status.

Determination during the assessment: Does the person meet the definition of dependency for positioning?

LTCC	PCA Assessment
00 Can move in bed without any help? 01 Need help sometimes to sit up?	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*02 Always need help to sit up? *03 Always need help to be turned or change positions or person unable to help?	*Person has a need on a daily basis for: <ul style="list-style-type: none">■ Cuing and constant supervision to complete the task or■ Hands-on assistance to complete the task

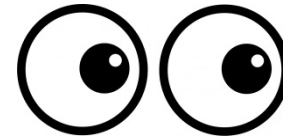
Activities of Daily Living

- Documentation for each ADL provides a picture of the persons needs. It includes objective information including what member/RP has **reported** and what the assessor has **observed**. Include tasks for the ADL the member is able to manage independently, needs assistance with or if they are unable to participate. It includes the functional reason (physical, behavioral or cognitive) and diagnosis that supports any dependencies in an ADL
- For reassessments, provide a thorough assessment each time. Do not simply “cut and paste” documentation from the last assessment
- All areas need documentation. If member is independent, document this. Ex: member reports manages dressing independently and does not require assistance
- If member does not meet the criteria for a dependency but still may need assistance in an area, document this so it can be added to the plan of care
- Length of time to complete the task does not determine a dependency
- Assistance with ADL tasks that are personal preferences and/or for convenience do not factor into assessing a person as dependent



Activities of Daily Living Continued

- If member uses an assistive device and is able to safely perform the ADL independently, it is not a dependency
- Assess the member when you see them and in their environment
- If there is a change from the last assessment, understand what and why it has changed – document in General Comments pg 8
- Importance of documenting observations
- Professional judgment



Activities of Daily Living Examples

Activity	Y	N	Description of assistance needed	O	R
Dressing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Member has PCA assist's at all times due to her diagnosis of quadriplegia and arthritis which limits her ability to move both upper and lower extremities. Member has little to no use of both hands. She requires hands on assistance for dressing.</p>					
Grooming/Hygiene	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>I need help with combing my hair care- combing and styling, as I cannot see to do this myself. I need complete hands on help with nail care, as well as makeup application due to vision loss and shakiness/tremors.</p>					
Bathing	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p>Needs help with bathing, wash and dry the body, to get in and out of the bath tub, due to lower back problems, weakness, dizziness and tremors.</p>					

Dressing

- Can manage all areas of dressing except for tying shoes

Not a dependency

Grooming

- Consider the person's ability to perform grooming activities overall
- Some tasks may not be daily, but normally done within a week
 - Occasionally shaving legs
 - Clipping toenails once a month

If otherwise independent in grooming tasks, not a dependency

Eating

- Member needs assistance with food prep, cutting or arranging food. Member is able to feed themselves. **Not a dependency**. Document meal prep so can be care planned for
- Includes standby assistance to observe for choking if person has a swallowing disorder
- Tube feeding – if they are able to administer the feeding, it is not a dependency. If they need assistance with the tube feeding, it is a dependency

Toileting

- Incontinence products – if member is able to manage independently it is not a dependency
- If a member needs assistance administering a bowel program, they would have a dependency in toileting

Mobility

- If member can independently manage use of equipment safely (walker, cane, wheelchair) , mobility would not be a dependency
- If the member needs assistance outside of their home but does not meet dependency criteria in their home environment, it is not considered a dependency in mobility.
- Independence in walking does not include climbing the stairs or mobility in the community.
- Does not including providing transportation to the member

ADL Clarification and General Comments

Transfers

- If independent at home but need assistance in the community for transfers (i.e. transfer in and out of car), it is not considered a dependency

General Comments

- Documentation in this section important to provide additional details and changes from the previous assessment.

General Comments
Please provide additional details, observations and explanations regarding any change since the previous assessment. Focus on health status, dependencies, denial, reduction or termination of services.

Authorization Summary

3. Authorization Summary (Enter PCA in units/minutes authorized as State Plan)			
Select only one home care rating below:	units/day	minutes/day	CSG/month
LT – Home care rating <input type="checkbox"/> Y <input type="checkbox"/> N (2 units/30 minutes maximum)			\$
Home care rating _____ <input type="checkbox"/> Y <input type="checkbox"/> N Base =			\$
Complex Health + Behavior + Critical ADLs = Additional Additional =			\$
EN – Ventilator dependent <input type="checkbox"/> Y <input type="checkbox"/> N (112 units/1680 minutes maximum)			\$
Total =	0	0	\$ 0.00

- ✓ Assure assigning correct home care rating with correct base rate
- ✓ Assure adding additional units correctly from other areas that meet criteria, if applicable
 - Complex Health/Behavior/Critical ADL's
- ✓ Double check calculations again

Calculation Tools

Personal Care Assistance (PCA) Authorization Effective April 1, 2014

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Step 1: Person has one dependency in an Activity of Daily Living (ADL) and/or Level 1 Behavior. Use the home care rating LT with two units of PCA services (30 minutes) per day. Steps 2-3 do not apply to this home care rating.

# Dependencies in ADLs	Level I Behavior	Complex Health Needs	Home Care Rating Base Units-Minutes
0	Yes	---	LT = 2u – 30 m
1	Yes or No	---	LT = 2u – 30 m

Step 2: Person has two or more dependencies in ADLs. Use steps 2 and 3 below to determine the home care rating and total time.

# Dependencies in ADLs	Level I Behavior	Complex Health Needs	Home Care Rating Base Units-Minutes
2-3	---	---	P = 5 u – 75 m
2-3	Yes	---	Q = 6 u – 90 m
2-3	Yes or No	Yes	R = 7 u – 105 m
4-6	---	---	S = 10 u – 150 m
4-6	Yes	---	T = 11 u – 165 m
4-6	Yes or No	Yes	U = 14 u – 210 m
7-8	---	---	V = 17 u – 255 m
7-8	Yes	---	W = 20 u – 300 m
7-8	Yes or No	Yes	Z = 30 u – 450 m
Vent Dependent			EN = \$29,326/month \$9.85 x 96 units = \$946/day \$946 x 31 days = \$29,326/mo.

Step 3: Determination of Total Time: If the PCA assessment shows a person has one or more of the following descriptions, add an additional 2 units or 30 minutes to base time per day for each:

- Dependency in critical Activity of Daily Living (ADL)
- Behavior issue as defined
- Complex health-related need

Critical ADLs	Behaviors (4 times/week)	Complex Health
Eating	Physical aggression towards self, others, or destruction of property	Tube Feeding
Transferring	Increased vulnerability due to cognitive deficits or socially inappropriate behavior	Wounds
Mobility	Verbally aggressive and resistive to care	Parenteral/IV Therapy
Toileting		Respiratory Interventions
		Catheter
		Bowel Program
		Neurological Intervention
		Other Congenital or Acquired
Potential Maximum Total 8 units-120 minutes	Potential Maximum Total 6 units-90 minutes	Potential Maximum Total 16 units-240 minutes

Personal Care Assistance (PCA) (T1019) Authorization

Step 1: Person has one dependency in an Activity of Daily Living (ADL) and/or Level 1 Behavior. Use the home care rating LT with two units of PCA services (30 minutes) per day. Steps 2-3 do not apply to this home care rating.

Step 2: Person has two or more dependencies in ADLs. Use steps 2 and 3 below to determine the home care rating and total time.

Step 3: Determination of Total Time: If the PCA assessment shows a person has one or more of the following descriptions, add an additional 2 units or 30 minutes to base time per day for each:

- Dependency in critical Activity of Daily Living (ADL)
- Behavior issue as defined
- Complex health-related need

Critical ADLs	Behavior	Complex Health
- Eating	- Increased vulnerability due to cognitive deficits or socially inappropriate behaviors	- Tube Feeding
- Transferring	- Resistive to care including verbally aggressive	- Wounds
- Mobility	- Physical aggression towards self, others or destruction of property	- Parenteral/IV Therapy
- Toileting		- Respiratory Interventions
		- Catheter
		- Bowel Program
		- Neurological Intervention
		- Other Congenital or Acquired Diseases
Potential Maximum Total 8 units-120 minutes	Potential Maximum Total 6 units-90 minutes	Potential Maximum Total 16 units-240 minutes

# Dependencies in ADLs	Level I Behavior	Complex Health Needs	Home Care Rating	Base Units	Minutes
0	Yes	No	LT	2	30
1	Yes or No	No	LT	2	30
2-3	No	No	P	5	75
2-3	Yes	No	Q	6	90
2-3	Yes or No	Yes	R	7	105
4-6	No	No	S	10	150
4-6	Yes	No	T	11	165
4-6	Yes or No	Yes	U	14	210
7-8	No	No	V	17	255
7-8	Yes	No	W	20	300
7-8	Yes or No	Yes	Z	30	450

PCA Complex or Enhanced Rate

- PCAs will be eligible for enhanced wages/benefits if they complete the qualifying trainings AND are providing services to a member who has been **assessed** for **10** or more hours of PCA/day (change from 12 hours to 10 hours effective 1/1/2022)
- This enhanced rate also applies to extended PCA for members on Elderly Waiver
- If Care Coordinator has a member on Elderly Waiver who is accessing the enhanced PCA rate and the increased rate results in the member exceeding their monthly waiver budget, please submit a Benefit Exception Inquiry (BEI) request to exceed budget due to the enhanced PCA rate. Please include the PCA Assessment and indicate the difference between the rate for PCA and enhanced rate and the amount that exceeds the case mix cap. Please refer to the Benefit Exception Policy for any BEI instruction or guidance

PCA Complex or Enhanced Rate

- **Care Coordinator is to provide education to the member about enhanced/complex PCA**
 - T1019 TG modifier with an increased PCA rate
 - It is the providers responsibility to verify that the PCA meets the requirement for the enhanced rate and then bill accordingly if the PCA meets criteria
 - If the member is on EW, the cost of services need to remain within the waiver budget and include the enhanced rate for PCAs that are receiving the enhanced rate
- A person who meets the criteria for ventilator dependence has a home care rating of EN. People with EN can use any combination of PCA and HCN services up to 24 hours per day with a possible four additional hours for two-person cares. Therefore, a person with an EN home care rating is eligible for **10** or more hours of PCA, regardless of the outcome of the PCA assessment.

Final Recommendations

5. Final PCA Recommendation for Waiver Community Support Plan (CSP)

I have been informed of other service options by my case manager/care coordinator during the development of my CSP.

1. I choose to use all my PCA services in addition to other services/supports as written in my CSP.
2. I choose other services/supports as an alternative to minutes of PCA services and I will use minutes of PCA services.

When to initial **number 1 option**:

- All services fit within cap with PCA amount from the assessment
- Using all PCA from assessment but still reduction from PCA from previous assessment
 - DTR needs to be done
- Member would like all PCA services and with waiver member exceeding cap
 - DTR PCA or other services to stay within case mix cap
- In the collaborative process member decides to reduce other EW services
 - DTR will need to be done for those EW services

When to initial **number 2 option**:

- Services do not fit within cap, work collaboratively with member to reduce PCA (DTR does not need to be done)

When initial not needed:

- Member is not on EW
- Member disagrees with PCA assessment (requesting more PCA)

Accurate Assessments

- If newer to the PCA Process or have limited members with PCA, consult with seasoned assessor, subject matter experts
- Reference the DHS training modules, 3244A, 3428D Guide and this training as needed
- Consider joint visit
- Defer to DHS Guidelines
- DTR process gives member appeal rights
- Consultation and support from your supervisor



After the Assessment

- The PCA Assessment and Service Plan (DHS 3428D) documentation needs to be completed and **sent to the member and the provider within 10 working days** from the assessment date
- Communication to Physician of PCA Services (DHS 4690) needs to be sent to the member's physician
- Submit a DTR to Medica as soon as you determine there will be a reduction in PCA from the previous assessment (unless #2 is initialed on Signature Page)
 - Must include in the Rationale section what has changed from the previous assessment (i.e. no longer dependent in transfers, does not meet criteria for Complex health Related need – wounds, etc.)
 - Include previous years assessment



Authorizations

- Complete Referral Request Form (RRF) and submit to Medica
 - Include the PCA Assessment with the RRF when there is an increase of 8 or more units from the previous assessment.
 - Need to use an in network provider
 - 2 PCA agencies may be used only if needs cannot be met by one provider. The agencies must communicate to coordinate schedules and not duplicate services.
 - PCA Choice recipient must get all services from one PCA Agency
- Services can start as early as the date of the assessment (initial assessment) if there is a provider already in place
- Authorizations cannot extend beyond one year
- Authorization dates should line up with EW waiver span or HRA reassessment dates



Additional

- Medica will honor PCA Assessments and authorizations when member newly enrolls with Medica. Medica will authorize an OON PCA provider with Medica for up to 120 days from the date of enrollment with Medica
- 45 day temp auths should be used for temporary changes in condition
 - To determine hours, must review PCA assessment to determine what has changed on the assessment and approve the increase of units as determined by the assessment. Changes must be documented in the member's record
 - A DTR is not done to reduce back to the previous level of services
 - Temp auth cannot exceed 45 days, if increased need beyond 45 days, another PCA assessment is completed
- Reassessments done early only for change of condition or supports
- PCA Reassessments can be done up to 60 days before the end of the authorization period
- PCA reassessment cannot be completed early due to using up units before the end of the authorization period
- PCA Assessment must be completed if denying PCA services and submitted with the DTR



Additional Resources

PCA Policy Manual

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=pca_home#

PCA Consumer Manual

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/programs-and-services/pca/>

PCA A-Z Table of Contents

<https://mn.gov/dhs/people-we-serve/people-with-disabilities/services/home-community/a-z/>

EDOCS/Forms (3428D, 3244A, 4690)

PCA Statute 256B.0659

DHS Policy Quest

<https://policyquest.dhs.state.mn.us/>

Medica Special Investigations Unit - 1-866-821-1331





MISSION

To be the trusted health plan of choice for customers, members, partners and our employees.

VISION

To be trusted in the community for our unwavering commitment to high-quality, affordable health care.

VALUES

Customer-Focused • Excellence • Stewardship • Diversity • Integrity