

Benefit Guidelines: Extended PCA

Service: Extended Personal Care Assistance (PCA)

Products: Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica Choice CareSM (Minnesota Senior Care Plus, or MSC+)

Effective: 10/1/2010

Review Date: 2/15/2021, 12/06/2021, 12/23/2022, 12/28/2023

Definition of Service:

Per the Department of Human Services (DHS): Services that follow the Medical Assistance (MA) state plan PCA policies but are allowed to exceed the state plan limits on amount, duration and frequency based on a member's assessed need. A member's dependencies determined by the PCA Assessment do not change by adding extended PCA services. The scope of Extended PCA Services is the same as the scope of state plan PCA. Extended PCA is any amount of PCA authorized above what the PCA Assessment recommends. Extended PCA services cannot be authorized when a member does not meet basic access criteria for PCA. Extended PCA is also for members who need assistance provided periodically during a week, but less than daily and who will not be able to remain in their homes without the assistance.

Extended PCA can be authorized when other replacement services are more expensive or are not available when the amount of state plan personal care assistance services are being reduced.

The CC determines the need for PCA and Extended PCA based on all the following:

- Long Term Care Consultation (LTCC) Assessment and PCA Assessment or MnCHOICES Assessment
- Choice of the person
- Need for services
- Other services and supports available to the person

Covered:

Member must be open to the Elderly Waiver. Every member's needs are unique and professional judgment must be used when determining service authorizations.

Extended PCA services cannot duplicate other services that are part of the member's care plan.

Extended PCA services may include:

- Health-related procedures and tasks when:
 - ✓ Procedures and tasks meet the definition of PCA health-related procedures and tasks (examples: assistance with self-administered medications, interventions for seizure disorder including monitoring and observation);
 - ✓ The Qualified Professional supervising the PCA is a nurse.

- ✓ The PCA demonstrates competency to safely complete the procedures and tasks.
- Observation and redirection for behaviors to remain safe in his/her environment.
- Assistance with activities of daily living (ADLs)
- Assistance with Instrumental Activities of Daily Living (IADL) that directly support the identified ADL needs when there are no other options to meet this need; IADL services include, but are not limited to:
 - Accompanying to medical appointments
 - Accompanying to participate in the community.
 - Shopping for food, clothing, and other essential items
 - Assistance with paying bills
 - Communicate by telephone and other media.
 - Plan and prepare meals.

Not Covered:

- Extended PCA for MSHO and MSC+ members not on EW but are on a disability waiver program managed by the county such as CADI.
- Services the member refuses to do but is physically able.
- Services that solely benefit other members of the household
- Tasks that do not meet the basic needs for a healthy and safe environment.
- Extended PCA services which would exceed Elderly Waiver (EW) cost cap.
- Extended PCA when there are other services in place that already meet the need.
- Application of restraints
- Home maintenance or chore services
- Homemaker tasks that are not an integral part of the state plan PCA services
- Injections of fluid and medications into veins, muscles, or skin
- Sterile procedures
- Services that are the responsibility of the residential or program license holder

Process:

Extended PCA and Referral Request Forms: Care Coordinator (CC) must indicate Extended PCA as a separate service from the state plan PCA amount when submitting referral request to Medica Operations. Frequency for extended PCA is authorized per day or per week if service is less than daily. The service code for Extended PCA is: T1019 UC.

Extended PCA for Short-Term PCA increases: Some CCs may decide to enter an Extended PCA authorization as a temporary authorization, or as a short-term increase. This would be appropriate when the recipient has an open waiver span. If using Extended PCA as a short-term increase, it can be authorized for a longer period than 45 days.

DTRs for Extended PCA: CCs are required to submit a DTR for denials, terminations, or reductions in Extended PCA Services. CCs should be sure to note that the DTR pertains to Extended PCA amounts on the applicable DTR form.

If applicable, CCs should submit related documentation (LTCC, MnCHOICES Assessment, case notes, and communication from medical professional's etc.) with DTR request form to support request to reduce, terminate or deny Extended PCA.

The PCA Enhanced/Complex (TG modifier) is also applied to Extended PCA if the member and PCA meet DHS criteria found in the [PCA and CSG enhanced rate/budget \(state.mn.us\)](https://state.mn.us). The CC will reflect this in the member's plan of care.

Recommended Length of Service Authorization:

Ongoing Extended PCA: Up to 12 months in duration. The CC should have the Extended PCA end date line up with the state plan PCA services if intent is to have ongoing authorization.

Short-Term Increase Extended PCA: Less than 1 year.

When to Submit a Request for Benefit Exception:

CCs must submit a Benefit Exception Inquiry (BEI) for member's open EW when authorization of Extended PCA Services would cause the EW service plan cost to exceed the case mix cap.

Considerations:

The purpose of Extended PCA services is to avoid institutionalization and to assure the health, safety, and welfare of the PCA recipient. Some questions a CC may want to consider:

- How will Extended PCA result in the avoiding institutionalization?
- Is this service necessary for the health, welfare, and safety of the member?
- Does the service enable the member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the member)?
- Is this the most cost-effective solution?
- What can the recipient still do for self? Is the member requesting Extended PCA to aid with tasks they are still physically able to do?
- Are there other formal or informal services, which can meet the identified need?

References:

§ 256B.0659

DHS MSHO/MSC+ Contract

DHS PCA Manual

Minnesota Health Care Programs (MHCP) Provider Manual

DHS Community-Based Service Manual (CBSM)

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.