

MEDICAL POLICY



SUBJECT: PERSONAL CARE AIDE (PCA) AND CONSUMER DIRECTED PERSONAL ASSISTANT (CDPA) SERVICES FOR MEDICAID MANAGED CARE CONTRACTS POLICY NUMBER: 11.01.24 CATEGORY: Miscellaneous	EFFECTIVE DATE: 08/25/11 REVISED DATE: 08/23/12, 08/22/13 PAGE: 1 OF 7
<ul style="list-style-type: none">• <i>If the member's subscriber contract excludes coverage for a specific service it is not covered under that contract. In such cases, medical policy criteria are not applied.</i>• <i>Medical policies apply to commercial and Medicaid products only when a contract benefit for the specific service exists.</i>• <i>Medical policies only apply to Medicare products when a contract benefit exists and where there are no National or Local Medicare coverage decisions for the specific service.</i>	

POLICY STATEMENT:

- I. Personal care aide (PCA) services are **eligible for coverage** only if the services are medically necessary and the Health Plan reasonably expects that the patient's health and safety in the home can be maintained by the provider of such service, as determined in accordance with the regulations of the New York State Department of Health, as stated below.
 - A. The member's must have a stable medical condition that is not expected to:
 1. exhibit sudden deterioration or improvement; and
 2. the condition does not require frequent medical or nursing judgment to determine a change in plan of care; and
 3. is such that a physically disabled individual is in need of routine supportive assistance and does not need skilled professional care in the home; or
 4. the condition is such that a physically disabled or frail elderly individual does not need professional care but does require assistance in the home to prevent a health or safety crisis from developing; and
 5. the member is self-directing. If the member is not self-directing, the member shall not receive personal care services except under the following conditions:
 - a. Supervision or direction is provided on an interim basis as part of the plan of care in which the responsibility for making choices about activities of daily living (ADLs) is assumed by a self-directing individual living within the same household; or
 - b. Supervision or direction is provided on an interim basis as part of the plan of care in which the responsibility for making choices about ADLs is assumed by a self-directing individual living outside of the household. Consideration should be made as to whether that individual has substantial daily contact with the member in the member's home; or
 - c. Supervision or direction is provided on an interim basis as part of the plan of care in which the responsibility for making choices about ADLs is assumed by an outside agency or other formal organization.
 - B. PCA services shall include the following two levels of care and be provided in accordance with the following standards:
 1. Level I – services shall be limited to the performance of nutritional and environmental support functions (e.g., making beds, dusting and vacuuming the rooms which the member uses, dishwashing, laundry, and/or preparing meals).
 2. Level II – services shall include performance of personal care functions in addition to nutritional and environmental support functions. Personal care functions shall include some or total assistance with the following: bathing of the member in the bed, tub or shower; grooming; toileting; ambulation, beyond that provided by DME within or outside the home; preparing of meals in accordance with modified diets, including low sugar, low fat, low residue; feeding; administration of medication; routine skin care; or changing of simple dressings.

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II. Consumer Directed Personal Assistance (CDPA) services are **eligible for coverage** only if the services are medically necessary and the Health Plan reasonably expects that the patient's health and safety in the home can be maintained by the provider of such service, as determined in accordance with the regulations of the New York State Department of Health, as stated below.

Members may request CDPA services at the time of enrollment, assessment, or reassessment or when in receipt of personal care, home care, or skilled nursing services. Members are eligible for CDPA services when the Health Plan determines the member:

- A. has a stable medical condition; and
- C. is self-directing, or if non self-directing, has a designated representative; and
- D. requires some or total assistance with one or more personal care services, home health aide services, or skilled nursing tasks; and
- E. is willing and able to fulfill the following responsibilities:
 1. manage the plan of care, recruit and hire a sufficient number of qualified individuals who can provide the member, under the member's instruction, supervision and direction or under the direction of the designated representative with the services needed in the plan of care;
 2. train the consumer directed personal assistant to implement the plan of care;
 3. maintain an appropriate home environment for the safe delivery of care required by the member;
 4. notify the Health Plan of any changes in the enrollee's medical condition or social circumstances including but not limited to change in address, telephone number or hospitalization;
 5. notify the fiscal intermediary of any changes in the employment status of each consumer directed personal assistant;
 6. attest to the accuracy of each consumer directed personal assistant's time sheets;
 7. transmit the consumer directed personal assistant's time sheets to the fiscal intermediary;
 8. distribute to each consumer directed personal assistant a paycheck if needed;
 9. arrange and schedule substitute coverage when a consumer directed personal assistant is temporarily unavailable for any reason; and
 10. acknowledge, in writing, the respective roles and responsibilities of the enrollee and the Health Plan.

Refer to Corporate Medical Policy #11.01.15 regarding Medically Necessary Services.

POLICY GUIDELINES:

- I. The initial authorization for PCA and CDPA services must be based on the following:
 - A. a physician's order for services (form number DOH-4359*). The form must be completed within 30 days after he or she conducts a medical examination of the patient, and the physician's order form must be signed by a physician or nurse practitioner and forwarded to the Health Plan for the completion of the medical and social assessment; and
 - B. a nursing assessment (LDSS-3139* and DMS-1*) that includes the primary diagnosis code; an evaluation of the functions and tasks required by the member; the degree of assistance required for each function and task in accordance with the standards for level of services outlined above; development of a plan of care; and recommendations for authorization of services; and
 - C. a social assessment (included in the LDSS-3139*) that includes an evaluation of the potential contribution of informal caregivers (e.g., family and friends) to the member's care and shall consider the following: number of informal caregivers available to the member; ability and motivation of informal caregivers; extent of informal caregiver's involvement; availability of informal caregiver; and acceptability to the member of the informal caregiver; and
 - D. an assessment of the patient's appropriateness for hospice services and assessments of the appropriateness and cost-effectiveness of the other services (e.g., personal emergency response system, meals on wheels, etc.).

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**Refer to the reference section of this policy for internet links to applicable New York State Department of Health forms.*

- II. The Health Plan reviews the following prior to authorizing or reauthorizing PCA or CDPA services:
 - A. whether services can be provided according to the patient's plan of care, whether such services are medically necessary, and whether such services can be expected to maintain the patient's health and safety in his or her home;
 - B. whether the functional needs, living arrangements and working arrangements of a patient who receives services solely for monitoring the patient's medical condition and well-being can be monitored appropriately and more cost-effectively by personal emergency response services;
 - C. whether the patient can be served appropriately and more cost-effectively by other long-term care services, including, but not limited to, services provided under the long-term home health care program (LTHHCP), the assisted living program, or the enriched housing program;
 - D. whether voluntary assistance is available from informal caregivers including, but not limited to, the patient's family, friends or other responsible adult and the member agrees to accept this assistance; or formal services provided by an entity or agency. Said caregiver cannot reside in member's residence unless the care the member requires necessitates the caregiver's presence;
 - E. whether the patient can be served appropriately and more cost-effectively by using specialized medical equipment covered by the Health Plan including, but not limited to, insulin pens; and
 - F. whether services can be provided appropriately and more cost-effectively by the service provider in cooperation with an adult day health program.
- III. PCA and CDPA services shall not be authorized if the patient's need for assistance can be met by either, or both, of the following:
 - A. informal support; or
 - B. adaptive or specialized equipment or supplies.
- IV. Authorization of PCA and CDPA services shall be completed prior to the initiation of these services. The Health Plan shall authorize only the hours of services actually required by the member.
 - A. The duration of the authorization period shall be based on the member's needs as reflected in the required assessments.
 - 1. In determining the duration of the authorization period, the following shall be considered:
 - a. prognosis;
 - b. expected length of any informal caregivers' participation; and
 - c. the projected length of time alternative services will be available to meet part of the member's needs.
 - 2. Hours of services will be based on the Health Plan's "Time per Task" guidelines, as indicated in the table below.

Category	Task Category	Task Required	Time per task (minutes)	Recommended Frequency
Personal Care Task	Bathing	Tub/shower (includes shampoo and tidying bathroom)	30	
		Sponge bath	20	
	Dressing/ Grooming	Shampoo (outside of tub/shower)	15	
		Comb hair	5	

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Category	Task Category	Task Required	Time per task (minutes)	Recommended Frequency	
		Mouth care (includes clean/soak dentures)	5		
		Shaving - facial	15		
		Shaving - underarms	5		
		Assistance with dressing	15		
		Assistance with undressing	15		
		Clean/file fingernails	10	1 time per week	
		Routine skin care	5		
		PM care	30		
	Toileting (including assistance with transferring and ambulating)	Toilet	15		
		Commode/bedpan	30		
		Change diaper	45		
		Empty commode/urinal	10		
		Empty catheter bag	10		
		Assist with colostomy care	15		
		Catheter care	10		
	Feeding	Feeding - cut up food only and/or encourage fluids	5		
		Feeding - help with eating or requires supervision	25		
	Meal Preparation (includes advance meal prep)	Breakfast	15		
		Lunch	15		
		Dinner	30		
		Meal set up and clean up	15		
		Snack	5		
	Mobility	Indoor ambulatory assistance	20		
		Assistance with transferring	5		
		Repositioning	10		
		ROM exercises	30		
	Medication	Medication reminder to take pre-poured medication	5		
		Assist with respiratory treatments	15		
	Medical Treatment	Change non-sterile dressing	10		
		Weight measurement	5		
	Homemaker Tasks	Cleaning	Vacuum/dust/mop the member's immediate living area that includes bed, bath, kitchen and living rooms	60	1 time per week
			Make bed	5	
Change linen			15	1 time per week	
Personal laundry			90	1 time per week	

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Category	Task Category	Task Required	Time per task (minutes)	Recommended Frequency
		Take out trash	10	
	Errands	Make grocery list	10	1 time per week
		Shop for groceries	90	1 time per week
		Errands – varies, may be included in the shopping	30-45	

3. Authorizations shall not exceed six months.

- B. If the Health Plan determines that a patient can be served appropriately and more cost-effectively through the provision of services described in guideline II, III, and/or IV, the patient may use such services to replace or supplement PCA or CDPA services to achieve the maximum reduction in his or her need for home health services or other long-term care services.
- C. The authorization for Level 1 services shall not exceed eight hours per week.
- D. The Health Plan may utilize a “Shared Aide” approach with the member. Shared aide means a method of providing services under which the Health Plan authorizes one or more nutritional and environmental support functions or personal care functions for each recipient who resides with other recipients in a designated geographic area (e.g., in the same apartment building) and a PCA or CDPA_service provider completes the authorized functions by making short visits to each recipient.
- E. The Health Plan shall deny or discontinue services when such services are not or no longer medically necessary or when the Health Plan reasonably expects that such services cannot maintain or continue to maintain the client’s health and safety in his/her home.

DESCRIPTION:

Personal care aide (PCA) services are defined as some or total assistance with personal hygiene, dressing, feeding, and nutritional and environmental support functions. Such services must be essential to the maintenance of the patient’s health and safety in the home as:

- I. determined by the Plan;
- II. ordered by the physician;
- III. based on an assessment of the patient’s needs and the appropriateness and cost-effectiveness of service;
- IV. provided by a qualified person in accordance with a plan of care; and
- V. supervised by a registered professional nurse.

Consumer directed personal assistant (CDPA) services provide personal care and home health services for assistance with Activities of Daily Living (e.g., bathing, dressing) as well as health-related tasks (e.g., catheterization).

A CDPA provides some or total assistance with personal care services, home health aide services and skilled nursing tasks under the instruction, supervision and direction of a member or the member’s designated representative. For CDPA services, a member may arrange for an aide to perform not only personal care services tasks but also home health aide and nursing tasks.

- I. Members have flexibility and freedom in choosing their caregivers. These can be friends, neighbors, adult relatives, etc. with the following exceptions:
 - A. A member's spouse, parent or designated representative may not be the CDPA for that member. However, a CDPA may include any other adult relative of the member who does not reside with the member or any other

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adult relative who resides with the member because the amount of care the member requires makes such relative's presence necessary.

- B. Services considered will also take into account informal supports available to the member.
- II. The member or the person acting on the member's behalf (e.g., parent of a disabled or chronically ill child) must assume full responsibility for hiring, training, supervising, and, if need be, terminating the employment of persons providing the services to receive CDPA services.
- III. Members receiving CDPA services must work with a fiscal intermediary (FI), who provide administrative support to facilitate processes such as collecting paperwork, payroll, benefits and supporting members to navigate directing their program. The FI role excludes any of the following responsibilities:
 - A. hiring, training or supervision of the CDPA; and
 - B. If the member is unable to perform the above responsibilities, the Health Plan shall reconsider:
 1. the member's eligibility for a CDPA in lieu of a PCA; or
 2. determine if member can maintain use of CDPA by assigning a designated representative.

CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

CPT: No specific code(s)

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HCPCS: **Note: The appropriate modifier must be used with the appropriate code listed below.**

T1019 Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICR/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)

- with modifier:
- U1 Level 1
 - U2 Level 2
 - U3 Level 2, Hard to serve
 - U4 Level 1, Shared aid
 - U5 Level 2, Shared aid
 - U6 Level 1, Consumer directed fiscal intermediary
 - U7 Level 2, Consumer directed fiscal intermediary

T1020 Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICR/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)

- with modifier:
- U1 Live in rate
 - U8 Live in rate for consumer directed fiscal intermediary

ICD9: Several

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ICD10: Several

REFERENCES:

New York State Codes, Rules and Regulations. Title 18 NYCRR Section 505.14.

New York State Codes, Rules and Regulations Title 18 NYCRR section 505.28.

New York State Department of Health forms:

- LDSS-3139 – http://www.health.ny.gov/health_care/medicaid/reference/tbi/docs/e1.pdf
- DMS-1 Form and Scoring Instructions – www.adrc-tae.org/tiki-download_file.php?fileId=28118
- DOH-4359 - www.health.ny.gov/health_care/medicaid/publications/docs/gis/10oltc-006.pdf
www.health.ny.gov/health_care/medicaid/publications/docs/gis/10oltc-006att.pdf

(The Universal Assessment System [UAS] tool will replace the DMS-1 form and scoring instructions and the LDSS-3139 as of 2/1/2014)

KEY WORDS:

Consumer Directed Personal Assistant (CDPA) services, Personal Care Aide (PCA) services.