

NUMBER

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DATE

June 17, 2020

OF INTEREST TO

County and tribal directors

Public health and social services
supervisors and staff

PCA provider agencies

Financial management service
providers

Managed care organizations

MN Dept. of Education IEP
coordinators

ACTION/DUE DATE

Please read information and
prepare for implementation

EXPIRATION DATE

June 17, 2022

Flexibility for PCA qualified professionals to provide remote oversight and to increase the number of hours a PCA agency can bill for an individual worker

TOPICS

Temporary policy modifications to personal care assistance (PCA) services in response to the COVID-19 pandemic:

- Allow qualified professionals to provide remote services for all people who receive PCA services
- Increase the number of hours a PCA provider agency can bill for an individual worker

PURPOSE

Provide instructions to implement temporary policy modifications to PCA services that will ensure people have their health and safety needs met for the duration of the COVID-19 peacetime emergency

CONTACT

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SIGNED

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TERMINOLOGY NOTICE

The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.

I. Background

Personal care assistance (PCA) services are foundational services that meet the needs of a diverse population and support over 40,000 people to live in the community. Individual PCA workers go into people's homes to help them with day-to-day activities, such as bathing, eating, dressing and other activities of daily living. It is vital that people who receive PCA services continue to receive their services and have the support they need during the COVID-19 pandemic so they can remain in their homes.

In response to the COVID-19 pandemic, DHS authorized two modifications to PCA services:

- Allow remote delivery of qualified professional (QP) services for all people who receive PCA services
- Increase billable monthly work hours of individual PCA workers

These changes affect PCA services authorized through:

- Medical Assistance state plan
- Alternative Care (AC) program
- Extended PCA authorized under the home and community-based services (HCBS) waivers

The changes may help alleviate workforce issues and minimize service disruptions caused by the COVID-19 pandemic.

II. Remote delivery of QP services

PCA policy requires a provider agency's QP to provide oversight of an individual PCA worker, in collaboration with the person receiving services. QP services include:

- Developing a person's care plan
- Training and supervising the worker(s)
- Evaluating the effectiveness of PCA services

Previous policy allowed QPs to alternate between providing in-person and remote oversight via the internet or telephone for people who have received services from the agency for at least 180 days. However, people new to receiving services or transferring to the agency were unable to receive remote QP services.

Modified policy

QP visits may provide all required in-person oversight via two-way interactive telecommunications (phone or internet technology) for all people who receive services, including people who are new to receiving PCA services or transferring to the agency. The effective dates are as follows:

- PCA Choice: The change is effective retroactively to May 12, 2020, when the governor approved the commissioner's authority. DHS will seek approval from the federal Centers for Medicare & Medicaid Services (CMS) and update providers if an additional retroactive effective date is approved due to

the state plan amendment to remove the requirement for in-home QP at the 180-day visit for PCA Choice.

- Traditional PCA: Effective retroactively to March 19, 2020, which is the effective date approved by CMS.

Examples of how a QP can provide remote supervision include, but are not limited to:

- Reviewing the assessment information and developing the care plan with the person
- Reviewing the month-to-month planned use of units
- Providing verbal instructions or directions to orient staff to the person's needs and/or cares
- Reviewing the person's satisfaction with PCA services
- Confirming delivery of services
- Updating the person's care plan upon request and/or as needed.

The scope and timelines of QP services for both PCA Choice and traditional PCA remain the same. For more information, see [PCA Manual – QP services](#).

This change is in effect through the duration of the COVID-19 peacetime emergency.

Documentation requirements

The current QP documentation requirements listed on [PCA Manual – QP services](#) remain in place. These requirements include documenting:

- Evaluation results of supervision visits and any corrective actions
- All communication with the person and PCA workers
- Date, time and activity detail on all documentation

For services delivered remotely during the peacetime emergency, the QP also must document:

- The QP visit is a COVID-19 remote QP visit
- The location where the remote services were provided
- The method of communication (phone or internet technology)

Legal authority

DHS is making this change under [Executive Order 20-12 \(PDF\)](#), section 2, which allows the commissioner to waive and modify provisions in [Minn. Stat. §256B.0659, subd. 14 \(b\) and \(c\)](#).

III. Increased billable monthly hours of PCA workers

Previous policy limited PCA provider agencies to bill up to a maximum of 275 hours per month for services provided by an individual PCA worker, regardless of either of the following:

- The number of people the individual worker serves
- The number of PCA provider agencies with which the worker is affiliated

Modified policy

PCA provider agencies may bill up to a maximum of 310 hours per month, per individual worker, for the services an individual worker provides to a person who receives PCA services, effective retroactively to May 1, 2020, when the governor approved the commissioner's authority. This increase will help alleviate workforce shortages and allow more consistent care for people receiving services.

This increase does not change the scope of PCA services listed on [PCA Manual – Covered services](#) or the individual PCA worker requirements listed on [PCA Manual – Worker criteria](#).

This change is in effect through the duration of the COVID-19 peacetime emergency.

Billing instructions

DHS modified the MMIS claims system to allow for the increase from 275 hours to 310 hours per month, per individual worker. PCA provider agencies should follow normal billing procedures on [MHCP Provider Manual – PCA services](#).

Legal authority

DHS is making this change under [Executive Order 20-12 \(PDF\)](#), section 2, which allows the commissioner to waive and modify provisions in [Minn. Stat. §256b.0659, subd 11\(10\)](#).

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling 651-431-4300 (voice) or toll free at 866-267-7655 or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.