

INFORMATION BRIEF
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Minnesota House of Representatives
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Personal Care Assistance

This information brief describes the Medical Assistance Personal Care Assistance (PCA) program. This information brief provides general background on the program and describes eligibility for services, assessments, services, providers, reimbursement, and funding.

PCA services were originally intended to prevent unnecessary and more costly nursing home admissions of nonelderly adults with physical disabilities who could direct their own care. PCA is a service option that offers a range of assistive and support services provided in the person's home and community.

Background

PCA services were first offered in Minnesota in 1977 when they were added to the Medical Assistance (MA) state plan as an optional Medicaid service (MA is Minnesota's Medicaid program). At that time, the program was fairly limited and was only available to adults with physical disabilities. Since then, the program has been expanded to include children, the elderly with disabilities, and people with chronic diseases, behavioral diagnoses, and mental illness.

In 2009, the legislature redesigned PCA services and recodified the laws governing the services. Some of those modifications included the following:

- reducing access to PCA services by requiring that a recipient need assistance in at least one activity of daily living (ADL), such as grooming, dressing, bathing, or exhibit a Level I behavior, which includes physical aggression toward self or others, or destruction of property that requires the immediate response of another person (prior to the 2009 legislative changes, people with a lower level of need were eligible for PCA services)
- simplifying and creating greater consistency in the process of assessing the need for and authorizing PCA services
- improving consumer health, safety, choice, and control by requiring professional supervision for all recipients, promoting separation of housing and services, and requiring

- PCA agencies and agency staff to meet certain standards, including training and limiting the number of hours a PCA can work each month to 275 hours
- clarifying the lead agency responsible for investigating reports of maltreatment of PCA service recipients by PCA provider organizations and home care agencies

Eligibility for PCA Services

In order for a person to receive PCA services, the services must be:

- medically necessary;
- authorized by a licensed physician;
- documented in a written service plan; and
- provided at the recipient's place of residence or other location (not a hospital or health care facility).

Beginning July 1, 2011, a person must have dependencies in two or more activities of daily living to be eligible for PCA services. However, persons with a dependency in one activity of daily living or Level I behavior may receive up to two units of service per day (one unit of service equals 15 minutes).

In addition, the recipient of PCA services must be in stable medical condition and be able to direct his or her own care, or have a responsible party who provides support.

PCA services are an optional Medicaid service that Minnesota has chosen to cover under its MA program. To be eligible for MA, an individual must meet income and asset standards and satisfy other program eligibility requirements. MA-eligible groups include pregnant women, families and children, persons with disabilities or who are blind, and the elderly (over age 65).¹

Most recipients of PCA services are persons with disabilities. Common MA eligibility pathways for persons with disabilities include being blind or disabled, being a child who is disabled, being a disabled child eligible under the federal Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), or being an employed person with disabilities.

Blind or Disabled Adults

To be eligible for MA as an adult with disabilities, an adult must be determined as disabled by the Social Security Administration (SSA) or the State Medical Review Team (SMRT) or meet the criteria for blindness. The income limit for disabled or blind adults is 100 percent of the federal poverty guidelines (FPG), or a person can spend down his or her income to 75 percent of FPG to become eligible. The asset limit is \$3,000 for an individual and \$6,000 for a household of two, with \$200 added for each additional dependent (certain assets such as homestead, household goods, and a vehicle are excluded from the asset limit). In Minnesota, Supplemental Security Income (SSI) recipients are not automatically eligible for MA, but the vast majority qualify for MA.

¹ For more about the MA program, see the House Research information brief [Medical Assistance](#).

Disabled Children

A disabled or blind individual who is under age 21 can apply for MA as a child and be subject to income and asset eligibility criteria that are less stringent than those that apply to adults. The income limit is 280 percent of FPG for children under age 2, 150 percent of FPG for children ages 2 to 18, and 100 percent of FPG for children ages 19 and 20. There is no asset limit, and the spenddown limit is 100 percent of FPG.

Eligibility Through TEFRA

TEFRA is an optional eligibility category for disabled children to receive MA services. Under this option, only the child's income is counted and parents pay a parental fee. In order to be eligible under the TEFRA option, an individual must:

- be under age 18;
- have a disability determination from the SMRT;
- require a level of home health care comparable to the care provided in a hospital, nursing facility or intermediate care facility for persons with developmental disabilities (ICF/DD);
- have MA home care costs that do not exceed the cost to MA of institutional care;
- live with at least one parent; and
- meet the MA income standard (the income limit is 100 percent of FPG and only the child's income is counted).

There is no asset limit under the TEFRA option.

Employed Persons with Disabilities

Employed persons with disabilities (MA-EPD) is another optional category. Federal law provides an exception from the prohibition on substantial gainful activity for MA eligibility. (This prohibition generally applies to persons who wish to qualify for MA as disabled.) This category allows persons with disabilities to work productively and still retain health benefits. In order to be eligible under this option a person must:

- be certified as disabled by SSA or SMRT;
- be between age 16 and 65;
- receive more than \$65 per month in earned income and pay Medicare and Social Security taxes; and
- pay required monthly premiums and unearned income obligation.

There is no income limit under MA-EPD. The asset limit is \$20,000 (certain assets are excluded, such as retirement accounts, medical expense accounts, and other exclusions that apply to persons with disabilities).

Assessments

The determination of the amount of service available to a person is based on an in-person assessment of need conducted by the county public health nurse or a certified public health nurse under contract with the county. An in-person assessment must include: documentation of health status, determination of need, evaluation of service effectiveness, identification of appropriate services, service plan development or modification, coordination of services, referrals and follow-up to appropriate payers and community resources, completion of required reports, recommendation of service authorization, and consumer education. An in-person assessment must occur at least annually or when there is a significant change in the recipient's condition or when there is a change in the need for personal care assistance services.

PCA Services

PCA services include the following:

- assistance with activities of daily living, including grooming, dressing, bathing, transferring, mobility, positioning, eating, and toileting
- assistance with instrumental activities of daily living, including meal planning and preparation, basic assistance with paying bills, shopping for essential items, performing certain household tasks, communication by telephone and other media, and traveling to medical appointments and to participate in the community
- assistance with health-related procedures and tasks that are delegated or assigned by a licensed health care professional to a personal care assistant
- intervention for behavior including observation and redirection

PCA Provider Agencies

PCA provider agencies are MA-enrolled providers that provide or assist with providing PCA services and include PCA provider organizations, PCA choice agencies, class A license nursing agencies, and Medicare-certified home health agencies. PCA provider agencies must meet certain requirements including:

- completing and keeping certain required documentation;
- providing training for PCAs responsible for working with a recipient who is ventilator dependent;
- establishing and implementing policies and procedures for prevention, control, and investigation of infections and communicable diseases; and
- complying with other general duties established in statute.

Personal Care Assistants

A personal care assistant must meet the following requirements:

- be at least 18 years old (with the exception of persons who are 16 or 17 years old who must meet certain additional requirements)
- be employed by a personal care assistance provider agency
- enroll with DHS as a personal care assistant after clearing a background study
- be able to effectively communicate with the recipient and personal care assistance provider agency
- be able to provide covered personal care assistance services according to the recipient's personal care assistance care plan, respond appropriately to recipient needs, and report changes in the recipient's condition to the supervising qualified professional or physician
- not be a consumer of personal care assistance services
- maintain daily written records including, but not limited to, time sheets
- complete standardized training as determined by the commissioner before completing enrollment
- complete training and orientation on the needs of the recipient within the first seven days after the services begin
- be limited to providing and being paid for up to 275 hours per month

Certain relatives are prohibited in statute from providing PCA services (parents and stepparents of minors, spouses, paid legal guardians, family foster care providers, except as otherwise allowed in section [256B.0625](#), subdivision 19a, or staff of a residential setting).

PCA Reimbursement

PCA fee-for-service reimbursement rates are set by DHS and are currently just under \$16 per hour for nonrelative care. PCA reimbursement rates are increased or decreased each year based on cost-of-living adjustments.

Prior to a change in law this year, relatives providing PCA services were reimbursed at the same rate as nonrelatives. Now certain relatives are reimbursed at 80 percent of the rate paid to nonrelatives (parent or adoptive parent of an adult child, a sibling aged 16 years or older, an adult child, a grandparent, or a grandchild).²

Individual PCAs are limited to providing and being reimbursed for up to 275 hours of care per month. However, recipients can receive more than 275 hours of care per month if that is what is determined necessary in their assessment and service plan, but the recipient would need to have more than one PCA providing service to them.

PCA Funding

PCA services are federal-state funded services, generally funded with 50 percent federal MA funds and 50 percent state general funds.

² Due to a temporary restraining order issued by the Second Judicial District Court on October 26, 2011, relative caregivers will continue to be reimbursed at the same rate as nonrelative caregivers unless and until the temporary restraining order is lifted.

In fiscal year 2011, total annual payments for the PCA program (fee-for-service only) were \$424.2 million, monthly average recipients were 17,572, and the monthly average payment for services to a recipient was \$2,012.

Glossary

ADL: Activity of daily living

FPG: Federal poverty guidelines

ICF/DD: Intermediate care facility for persons with developmental disabilities

MA: Medical Assistance (Minnesota's Medicaid program)

MA-EPD: Medical Assistance for employed persons with disabilities

PCA: Personal care assistance

SMRT: State Medical Review Team

SSA: Federal Social Security Administration

SSI: Supplemental Security Income

TEFRA: Federal Tax Equity and Fiscal Responsibility Act of 1982

For more information about health care programs, visit the health and human services area of our website, www.house.mn/hrd/hrd.htm.