

## Personal Care Assistance Program

### *What is the PCA program?*

Personal care assistance (PCA) services were added to the Minnesota Medical Assistance (MA) program in 1977 and were originally intended to prevent unnecessary and more costly nursing home admissions of nonelderly adults with physical disabilities who could direct their own care. Since that time, PCA services have expanded and now provide assistance and support to persons with disabilities, elders, and others with special health care needs living independently in the community.

### *How is eligibility determined?*

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).

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.

Beginning January 1, 2010, the Commissioner of Human Services will determine the amount of service available to a person based on the person's home care rating. The home care rating is determined based on information submitted to the commissioner, including total number of dependencies of activities of daily living, number of health-related functions, and behavior descriptions.

### *What services are provided?*

PCA services include:

- 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 can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant; and
- intervention for behavior including observation and redirection.

### *Who provides PCA services?*

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.

***How are PCA services funded?***

PCA services are federal-state funded services, generally funded with 50 percent federal MA funds and 50 percent state general funds. However, Minnesota will receive a higher federal MA participation rate from October 1, 2008, through December 31, 2010, due to provisions in the federal American Recovery and Reinvestment Act of 2009. The federal MA participation rate is set at 60.19 percent from October 1, 2008, through June 30, 2009. The federal MA participation rate is estimated to increase to 61.59 percent from July 1, 2009, through December 31, 2010, based on projections of unemployment rate increase.

In fiscal year 2009, total annual payments for the PCA program were \$402.5 million, monthly average recipients were 14,426, and the monthly average payment was \$2,325. (Source: February 2009 Forecast of Revenues and Expenditures)

***What recent changes have been made to PCA services?***

PCA services were redesigned and recodified by the 2009 Legislature (see [Laws 2009, ch. 79, art. 8, §§ 23-31, 74-77, 80, 85, and 86](#) and [Laws 2009, ch. 173, art. 1, §§ 22-27, and 39](#)). Some of the modifications made to PCA services include:

- changing access to PCA services by requiring that a recipient have a need for assistance in at least one of the areas, such as grooming, dressing, bathing, and other activities of daily living or 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 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 310 hours; and
- clarifying the lead agency responsible for investigating reports of maltreatment of PCA service recipients by PCA provider organizations and home care agencies.

Due to the change in access, the Department of Human Services estimates that 500 recipients of PCA services will no longer be eligible for service. Most of these modifications are effective July 1, 2009. However, some of the changes are not effective until January 1, 2010, including changes related to the assessment for PCA services, annual review for PCA providers, and certain provider agency training requirements.

**For more information:** Contact legislative analyst Danyell Punelli LeMire at 651-296-5058.

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