



**MedStar Family  
Choice**

DISTRICT OF COLUMBIA

**ADMINISTRATIVE POLICY AND PROCEDURE**

<b>Policy #:</b>	<b>182.DC</b>	
<b>Subject:</b>	<b>Personal Care Assistant (PCA) Services</b>	
<b>Section:</b>	<b>Medical Non-Pharmacy Protocols</b>	
<b>Effective Date:</b>	<b>10/01/2020</b>	
<b>Revision Date(s):</b>	<b>12/20, 12/21, 01/23, 07/23, 07/24, 07/25</b>	
<b>Review Date(s):</b>	<b>07/22</b>	
<b>Responsible Parties:</b>	<b>Manager, Case Management Manager, Special Populations Case Management Manager, Utilization Management</b>	
<b>Responsible Department(s):</b>	<b>Clinical Operations - Utilization Management</b>	
<b>Regulatory References:</b>	<b>DC Contract C.5.28.4.7, C.5.28.23.2</b>	
<b>Approved:</b>	<b>Director of Clinical Operations</b>	<b>Senior Medical Officer (Chief Medical Officer-DC)</b>

**Purpose:** It is the purpose of this policy to define the conditions under which MedStar Family Choice District of Columbia may authorize personal care assistant (PCA) services.

**Scope:** MedStar Family Choice District of Columbia Healthy Families PCA services are not a covered benefit for DC Healthcare Alliance Enrollees.

**Policy:** It is the policy of MedStar Family Choice District of Columbia to cover PCA services for eligible DC Healthy Families Enrollees.

**Background:** MedStar Family Choice DC will require Prior Authorization for PCA Services. Services include assistance with activities of daily living and household duties essential to the Enrollee’s health.

**Procedure:**

Requests for PCA services should be submitted by the requesting practitioner along with supporting clinical information, as necessary.

1. To be eligible for PCA services, the Enrollee must be unable to perform one or more Activities of Daily Living (ADLs). ADLs are basic self-care tasks that include bathing, dressing, mobility, transferring, toileting and eating. The PCA may help with some Instrumental Activities of Daily Living (IADLs). IADLs are more complex skills that may include meal preparation, laundry and grocery shopping for the Enrollee.
2. The Enrollee must be seen by an in network contracted practitioner enrolled as a DC Medicaid Provider and assigned a diagnosis that is consistent with a debility that would require the services of a PCA.
3. The MedStar Family Choice DC practitioner, Home Health Agency or facility must submit a Prescription Order Form (POF) for long term care services and support, via the Department of Healthcare Finance (DHCF) portal.

The POF Form is located on the Department of Healthcare Finance (DHCF website at the following address:

<https://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/POF-V9-1-2019.pdf>

4. After the form is signed by the enrollee's treating practitioner (physician/APRN), the form is routed to MedStar Family Choice DC's contracted assessor.
5. The contracted assessor will complete the interRAI assessment and submit it and all pertinent medical records to MedStar Family Choice DC Prior Authorization (PA) department, for review and determination of services.
6. Upon completion of the authorization, MedStar Family Choice DC PA team will notify the Home Health Agency (HHA), verbally and/ or electronically of the authorization date of service. MedStar Family Choice DC will provide the completed Level of Care (LOC) to the HHA.
  - a. If a HHA is not assigned to the Enrollee on an initial request for PCA services, MedStar Family Choice DC PA team outreaches to at least three different agencies to request a staff to provide service to the Enrollee.
7. If PCA services are needed beyond the initial authorization time period, a new POF will be required.
8. PCA services will not include tasks typically performed by chore workers/homemakers, such as shopping for items not directly related to promoting the Enrollee's nutritional status or health needs and cleaning areas not occupied by the Enrollee.
9. PCA services will be provided to an Enrollee who is an inpatient or resident of a hospital, nursing facility, intermediate care facility, intermediate care facility for intellectually disabled or institution for mental disease.
10. PCA services may be authorized for up to 8 (eight) hours per day, 7 (seven) days per week.

11. If an Enrollee is receiving both Adult Day Health Program (ADHP) and PCA services on the same day, the combination of both services shall not exceed 12 (twelve) hours per day.
12. Claims for PCA services that are provided during any hour in which an Enrollee was receiving ADHP services or other similar services in which PCA services are provided concurrently will be denied.
13. Supervision of PCA services will be provided by a Registered Nurse (RN) at least monthly. The HHA is required to submit monthly clinical notes to the MCO.
14. If there is a change in the Enrollee's condition, an RN may be called to provide assessment of the Enrollee without need for additional authorization.
15. To ensure that Enrollees receive the support they require, Aides must verify personal care services/visits via the Electronic Visit Verification system (EVV) for reimbursement by MedStar Family Choice DC.

<b>Summary of Changes:</b>	<p><b>07/25</b></p> <ul style="list-style-type: none"> <li>• Changed Assistant Vice President to Director of Clinical Operations</li> </ul> <p><b>07/24:</b></p> <ul style="list-style-type: none"> <li>• Changed policy number from 1414.DC to 182.DC to align with responsible departments.</li> <li>• Updated Responsible Parties to include only position titles and not names.</li> </ul> <p><b>07/23:</b></p> <ul style="list-style-type: none"> <li>• Added Manager, Case Management and Manager, Special Populations Case Management to responsible parties.</li> </ul> <p><b>01/23:</b></p> <ul style="list-style-type: none"> <li>• Updated Responsible Parties.</li> <li>• Renumbering &amp; Formatting changes throughout the document</li> <li>• <b>Procedure:</b> <ul style="list-style-type: none"> <li>○ Edits to # 2, #3</li> <li>○ Added # 4- After the form is signed</li> <li>○ Removed #6- If approved, an initial authorization will be for three months</li> <li>○ Updated #7</li> <li>○ Removed #9</li> <li>○ Revised #10</li> <li>○ Removed # 12- When the total reimbursement for PCA services</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"><li>○ Added #14- To ensure that Enrollees receive the support</li></ul> <p><b>12/21:</b></p> <ul style="list-style-type: none"><li>• Removed the requirement for a H&amp;P for services to be approved.</li></ul> <p><b>12/20:</b></p> <ul style="list-style-type: none"><li>• Added regulatory reference C.5.28.23.2</li><li>• Updated the Procedure:<ul style="list-style-type: none"><li>○ Removed clinical information will be gathered and entered by a nurse.</li><li>○ #3 - Updated the process for submitting a request.</li><li>○ #6 - Updated the process if services are needed beyond the initial authorization.</li></ul></li><li>• Other minor edits.</li></ul> <p><b>10/20:</b></p> <ul style="list-style-type: none"><li>• New policy.</li></ul>
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