

STATE: MINNESOTA

ATTACHMENT 3.1-A

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26. Personal care services, continued, continued.

I. **Personal care services**

A. Personal care services include:

1. Assistance in **activities of daily living** including eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;
2. Assistance in **health-related procedures and tasks** per state law including services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant, under the supervision of a qualified professional or the direction of the recipient's physician. A licensed health care professional includes a registered nurse, physician, nurse practitioner, and physician assistant;
3. **Observation and redirection of behaviors**; and
4. Assistance in **instrumental activities of daily living** including meal planning and preparation; assistance with paying bills; shopping for food, clothing and other essential items; performing essential household tasks integral to personal care services; communication by telephone and other media; and traveling to medical appointments and to participate in the community.

B. Personal care services are provided as follows:

1. Personal care services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for persons with mental retardation (ICF/MR), institution for mental disease, or licensed health care facility.
2. Recipients may use approved units of personal care service outside the home when normal life activities take them outside the home.
3. Personal care services are provided to a recipient who is able to direct his or her own care or to a recipient for whom there is a **responsible party** if the recipient cannot direct his or her own care.
 - a. A **responsible party** is a person who:
 - i. is knowledgeable about the health care needs of the recipient and is able to effectively communicate those needs;
 - ii. provides the support necessary to assist the recipient to live in the community;
 - iii. is at least 18 years old;

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- iv. actively participates in planning and directing personal care services;
- v. is not the personal care assistant for the recipient, an owner or employee of a personal care provider agency or county staff acting as part of county employment;
- vi. enters into a written agreement with a personal care assistance provider agency on a form determined by the commissioner to perform the duties of the responsible party.

b. A responsible party is required for all recipients when:

- i. the recipient is a minor
- ii. the recipient is an incapacitated adult with a court-appointed guardian;
- iii. the assessment determines a recipient cannot direct their own care and is in need of a responsible party

II. **Provider Qualifications and training**

A. Personal care services are provided by **personal care provider agencies**

- 1. A **personal care provider agency** means a medical assistance enrolled provider that provides or assists with providing personal care assistance services and includes:
 - a. Personal care assistance provider agency;
 - b. Personal care assistance choice agency.

B. Personal care provider agencies must provide the following submissions for initial and ongoing enrollment:

- 1. Basic agency contact information;
- 2. Proof of a surety bond, fidelity bond, workers compensation insurance, and liability insurance;
- 3. Description of the agency's organization and employees identifying all owners, managing employees, board of directors, and the affiliations of the directors, owners, and staff to other service providers;
- 4. Documentation of compliance with background studies

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5. Written policies including employee policies, service delivery policies and grievance policies;
6. Copies of forms used for daily business;
7. Documentation of trainings staff are required to attend;
8. Documentation of completion of required training;
9. Documentation of the agency's marketing practices;
10. Disclosure of ownership, leasing, or management of all residential properties;
11. Documentation of completion of DHS mandatory training by owners, all managing employees, and qualified professionals.

C. Personal care provider agency general duties

1. Pay the staff based on actual hours of services provided
2. Withhold and pay all applicable federal and state taxes
3. Report suspected neglect and abuse to the common entry point, which is an entity in each county serving as a 24 hour intake system for reports of potential abuse and maltreatment.
4. Provide the recipient with a copy of the Home Care Bill of Rights at start of service
5. Request reassessments at least 60 days prior to the end of the recipient's current authorization period.
6. Provide training for the personal care assistant based on the assessed needs of the recipient;
7. Provide training about care of a person who is ventilator- dependent, if appropriate.

D. Personal care provider agency criminal background studies

1. The following are required to have successfully completed criminal background studies:
 - a. owners who have a five percent interest or more
 - b. all managing employees as defined in 42 CFR §455.101
 - c. qualified professionals as defined on page 78y
 - d. personal care assistants

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2. A personal care provider agency is barred from enrollment if:
 - a. The organization has not initiated background studies on owners and managing employees; or
 - b. The organization has initiated background studies on owners and managing employees, but the commissioner has sent the organization a notice that an owner or managing employee of the organization has been disqualified and the owner or managing employee has not received a set aside of the disqualification.
3. Before a qualified professional who works for a personal care assistance provider agency provides services, the personal care assistance provider agency must initiate a background study on the qualified professional, and the personal care assistance provider agency must have received a notice from the commissioner that the qualified professional is:
 - a. Not disqualified; or
 - b. Disqualified, but the qualified professional has received a set aside of the disqualification.
4. Before a personal care assistant employed by a personal care assistance provider agency is enrolled with the department and provides services for a recipient, a background study must be initiated, and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:
 - a. Not disqualified;
 - b. Disqualified, but the personal care assistant has received a set aside of the disqualification; orIn the event that a personal care agency discontinues service provision or is disenrolled, a recipient's enrolled personal care attendant can continue to assist the recipient until such time that another background study can be conducted at another provider agency in order to ensure continuity of services and to protect the health and safety of the recipient.

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26. Personal care services, continued

E. Personal care Assistance Choice option

1. "Personal Care Assistance Choice" is a consumer-directed personal care service option that allows recipients to recruit, hire, terminate, train and supervise their personal care assistants.
2. The enrollment requirements, general duties and policies governing personal care described on pages 78uv and through 78w apply to the Personal Care Assistance Choice Option with the following exceptions:
 - a. Annual assessments of recipients must be face-to-face.
 - b. Personal Care Assistance Choice provider agencies provide fiscal intermediary services which include administrative and financial responsibilities including collection of time cards, billing for services and payment to staff.
 - c. The recipient and the Personal Care Assistance Choice provider agency must enter into a written agreement that includes the following components:
 - i. Duties of the recipient, qualified professional personal care assistant, and agency
 - ii. Salary and benefits
 - iii. Administrative fee of the Personal Care Assistance Choice provider agency and services paid for with that fee
 - iv. Grievance procedures to respond to complaints
 - v. Procedures for hiring and terminating the personal care assistant
 - vi. Documentation requirements
 - d. The recipient is responsible for training the personal care assistant on his/her individual needs for assistance and for development of a care plan.
 - e. If using the shared service option, the recipients may use only one Personal Care Assistance Choice provider agency.
 - f. The Personal Care Assistance Choice provider agency must be the employer of personal care assistants and qualified professionals, subject to state employment law and related regulations;
 - g. The Personal Care Assistance Choice provider agency owners and managing employees must not be related as a parent, child, sibling, or spouse to the recipient, responsible party, ~~qualified professional~~, or the personal care assistant;

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- h. The Personal Care Assistance Choice provider agency must ensure arms-length transactions without undue influence or coercion with the recipient and personal care assistant.
3. Under Personal Care Assistance Choice, qualified professionals must visit the recipient in the recipient's home at least once every 180 days. Qualified professionals report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.
4. Authorization to use the Personal Care Assistance Choice option will be denied, revoked, or suspended if:
 - a. the public health nurse or qualified professional, as defined below in F.1., determines that use of this option jeopardizes the recipient's health and safety;
 - b. the parties do not comply with the written agreement; or
 - c. the use of the option results in abusive or fraudulent billing.

F. Qualified Professionals

1. "Qualified professional" means the following professionals as defined in Minnesota Statute § 256b.0625, subdivision 19c ~~state law~~ employed by a personal care provider agency: a registered nurse, mental health professional, licensed social worker, or qualified developmental disability specialist.
2. A qualified professional performs the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care services. The qualified professional develops a care plan based on the service plan developed by the assessor.
3. Recipients or responsible parties utilizing either Personal Care Assistance Choice or personal care provider organizations must have qualified professional supervision of personal care assistants.

G. Personal Care Assistants

1. Must be at least 18 years of age, except that a 16 or 17 year old may be a personal care assistant if they meet all of the requirements for the position, have supervision every 60 days, and are employed by only one personal care provider agency;

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2. Must be employed by a personal care provider agency;
3. Must enroll with the department after clearing a criminal background study;
4. Must effectively communicate with the recipient and personal care provider agency;
5. Must provide covered services according to the care plan, respond appropriately to recipient needs, and report changes to the physician or the qualified professional;
6. Must not be a consumer of personal care services;
7. Must maintain daily written records;
8. Must report any suspected abuse, neglect or financial exploitation of the recipient to appropriate authorities;
9. Must complete standardized training.

III. Amount, duration and scope of personal care services

A. Assessment and Service Plan

1. A personal care service plan must be developed at least once every 365 days following an assessment by a public health nurse, or a long term care consultation, which is an assessment of level of care and care planning for purposes of home and community-based waiver programs.
2. If the recipient's medical need changes, the recipient's personal care provider agency may request a change in service authorization or make a referral to another service.
3. In order to continue to receive personal care services after the first year, a service update may be completed. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this Attachment, except that Personal Care Assistance Choice consumers must have a face-to-face assessment at least annually.

B. Department authorization

1. The Department authorizes all personal care services and supervision services.
2. Authorization is based on the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options.
3. The Department authorizes total daily personal care services based on the following:

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- a. The person meets the access criteria of having a dependency in an activity of daily living or having the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - b. A person who meets the access criteria above with fewer than two dependencies in activities of daily living is authorized 30 minutes of personal care.
 - c. A person who has two or more dependencies in activities of daily living is authorized for personal care as follows:
 - i. The person has been given a home care rating and assigned a daily base amount of time by identifying the number of dependencies in activities of daily living, the presence of complex health related needs and/or the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - ii. The person is authorized for additional time as follows:
 - 30 additional minutes per day for a dependency in each of the critical activities of daily living of eating, transferring, mobility, and toileting;
 - 30 additional minutes per day for each complex health-related need;
 - 30 additional minute per day for each identified behavior description.
4. For people who meet the definition of ventilator-dependent, the Department authorizes a combination of personal care assistance, and private duty nursing as defined in item 8, and services provided by Medicare Certified Home Health Agencies as defined in items 7, 7.a. and 7.b., up to the limit amount the Department would pay for all direct care services provided in home that would be included in the payment for care at a hospital, 24 hours per day of private duty nursing at the highest cost level;
5. The Department authorizes a reasonable amount of time for qualified professional supervision of personal care services;
6. Department authorization is also required if more than two reassessments are needed during a calendar year to determine a recipient's need for personal care assistant services.

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C. Shared Service Option

1. **"Shared Service Option"** means personal care services provided in the same setting at the same time by the same personal care assistant for two or three recipients, including recipients selecting PCA Choice, who have entered into an agreement to share services,
2. The shared service option must be appropriate based on the ages of the recipients, compatibility, and coordination of their assessed care needs. A contingency plan must be developed that accounts for absence of a recipient in a shared services agreement due to illness or other circumstances.
3. The shared service option is elected by the recipient or responsible party. The recipient or responsible party may withdraw participation in shared services at any time.
4. There must be documentation of the shared services in each recipient's health record including the training of the personal care assistant, number of hours/units shared, setting, and supervision of staff and services.
5. Each recipient sharing service must use the same personal care assistance provider agency.

D. Flexible Use of Personal Care Services

1. "Flexible Use" means the scheduled use of authorized hours of personal care services, which vary within a service authorization period of up to six months. The recipient/responsible party determines the schedule and communicates this to the personal care provider agency.
2. All recipients, except those assigned to the Minnesota Restricted Recipient program or who have the flexible use option revoked by the Department for misuse or abuse, may use their personal care services hours/units in a flexible manner to meet their needs within the following limits:
 - a. Total authorized hours/units must be divided between two six-month date spans.
 - b. No more than 75% of total authorized hours/units may be used in a six-month date span.
 - c. Health and safety must be assured.
 - d. Units cannot be transferred from one six-month date span to another.
 - e. Additional PCA hours/units cannot be added unless there is a change in condition.

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3. The personal care provider agency qualified professional and the recipient or responsible party must develop a written month-to month plan of the projected use of personal care assistant services that is part of the care plan and ensures the:
 - a. Health and safety needs of the recipient are met throughout both six-month authorization periods; and
 - b. Total hours will not exceed total hours authorized.
4. The provider agency shall monitor the use of personal care assistance services to ensure health and safety needs of the recipient are met throughout the authorization periods.
5. The Department will provide written notice to the provider and the recipient or responsible party when the recipient is at risk of exceeding the personal care assistance services prior to the end of the six-month date span.
6. The Department may take actions if there is misuse and abuse of flexible use of personal care services including, but not limited to:
 - a. Revoking flexible use by limiting the authorization period to one month;
 - b. Requiring a recipient to have a responsible party;
 - c. Requiring a qualified professional to monitor and report services on a monthly basis.

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26. Personal care services, continued

IV. Services not covered under medical assistance as personal care services

- A. Health services provided and billed by a provider who is not an enrolled personal care provider;
- B. Personal care services that are provided by the ~~recipient's spouse-parent, stepparent, or paid~~ legal guardian of a recipient under age 18, parent of a recipient under age 18a paid legal guardian of a recipient over age 18, or the recipient's spouse or responsible party;
- C. Services that are used solely as a child care or babysitting service;
- D. Services provided by the residential or program license holder in a residence licensed for more than four persons;
- E. Services that are the responsibility or in the daily rate of a residential or program license holder under the terms of a service agreement and administrative rules;
- F. Sterile procedures;
- G. Giving of injections of fluids into veins, muscles, or skin;
- H. Homemaker services that are not an integral part of a personal care service;
- I. Home maintenance or chore services;
- J. Personal care services when other, more cost-effective, medically appropriate services are available;
- K. Services that are not in the individual's service plan;
- L. Home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- M. Services to other members of the recipient's household;
- N. Services not specified as covered under medical assistance as personal care assistant services;
- O. Application of restraints;
- P. Assessments by personal care provider organizations or by independently enrolled registered nurses;
- Q. Services provided in lieu of legally required staffing in a residential or child care setting; and
- R. Services not authorized by the commissioner or the commissioner's designee.

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26. Personal care services, continued, continued.

I. **Personal care services**

A. Personal care services include:

1. Assistance in **activities of daily living** including eating, toileting, grooming, dressing, bathing, transferring, mobility, and positioning;
2. Assistance in **health-related procedures and tasks** per state law including services that can be delegated or assigned by a licensed health care professional to be performed by a personal care assistant, under the supervision of a qualified professional or the direction of the recipient's physician. A licensed health care professional includes a registered nurse, physician, nurse practitioner, and physician assistant;
3. **Observation and redirection of behaviors**; and
4. Assistance in **instrumental activities of daily living** including meal planning and preparation; assistance with paying bills; shopping for food, clothing and other essential items; performing essential household tasks integral to personal care services; communication by telephone and other media; and traveling to medical appointments and to participate in the community.

B. Personal care services are provided as follows:

1. Personal care services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for persons with mental retardation (ICF/MR), institution for mental disease, or licensed health care facility.
2. Recipients may use approved units of personal care service outside the home when normal life activities take them outside the home.
3. Personal care services are provided to a recipient who is able to direct his or her own care or to a recipient for whom there is a **responsible party** if the recipient cannot direct his or her own care.
 - a. A **responsible party** is a person who:
 - i. is knowledgeable about the health care needs of the recipient and is able to effectively communicate those needs;
 - ii. provides the support necessary to assist the recipient to live in the community;
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- iv. actively participates in planning and directing personal care services;
- v. is not the personal care assistant for the recipient, an owner or employee of a personal care provider agency or county staff acting as part of county employment;
- vi. enters into a written agreement with a personal care assistance provider agency on a form determined by the commissioner to perform the duties of the responsible party.

b. A responsible party is required for all recipients when:

- i. the recipient is a minor
- ii. the recipient is an incapacitated adult with a court-appointed guardian;
- iii. the assessment determines a recipient cannot direct their own care and is in need of a responsible party

II. **Provider Qualifications and training**

A. Personal care services are provided by **personal care provider agencies**

- 1. A **personal care provider agency** means a medical assistance enrolled provider that provides or assists with providing personal care assistance services and includes:
 - a. Personal care assistance provider agency;
 - b. Personal care assistance choice agency.

B. Personal care provider agencies must provide the following submissions for initial and ongoing enrollment:

- 1. Basic agency contact information;
- 2. Proof of a surety bond, fidelity bond, workers compensation insurance, and liability insurance;
- 3. Description of the agency's organization and employees identifying all owners, managing employees, board of directors, and the affiliations of the directors, owners, and staff to other service providers;
- 4. Documentation of compliance with background studies

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5. Written policies including employee policies, service delivery policies and grievance policies;
6. Copies of forms used for daily business;
7. Documentation of trainings staff are required to attend;
8. Documentation of completion of required training;
9. Documentation of the agency's marketing practices;
10. Disclosure of ownership, leasing, or management of all residential properties;
11. Documentation of completion of DHS mandatory training by owners, all managing employees, and qualified professionals.

C. Personal care provider agency general duties

1. Pay the staff based on actual hours of services provided
2. Withhold and pay all applicable federal and state taxes
3. Report suspected neglect and abuse to the common entry point, which is an entity in each county serving as a 24 hour intake system for reports of potential abuse and maltreatment.
4. Provide the recipient with a copy of the Home Care Bill of Rights at start of service
5. Request reassessments at least 60 days prior to the end of the recipient's current authorization period.
6. Provide training for the personal care assistant based on the assessed needs of the recipient;
7. Provide training about care of a person who is ventilator- dependent, if appropriate.

D. Personal care provider agency criminal background studies

1. The following are required to have successfully completed criminal background studies:
 - a. owners who have a five percent interest or more
 - c. all managing employees as defined in 42 CFR §455.101
 - c. qualified professionals as defined on page 77y
 - d. personal care assistants

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26. Personal care services, continued

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3. Before a qualified professional who works for a personal care assistance provider agency provides services, the personal care assistance provider agency must initiate a background study on the qualified professional, and the personal care assistance provider agency must have received a notice from the commissioner that the qualified professional is:
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4. Before a personal care assistant employed by a personal care assistance provider agency is enrolled with the department and provides services for a recipient, a background study must be initiated, and the personal care assistance provider agency must have received a notice from the commissioner that the personal care assistant is:
 - a. Not disqualified;
 - b. Disqualified, but the personal care assistant has received a set aside of the disqualification; orIn the event that a personal care agency discontinues service provision or is disenrolled, a recipient's enrolled personal care attendant can continue to assist the recipient until such time that another background study can be conducted at another provider agency in order to ensure continuity of services and to protect the health and safety of the recipient.

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26. Personal care services, continued

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1. "Personal Care Assistance Choice" is a consumer-directed personal care service option that allows recipients to recruit, hire, terminate, train and supervise their personal care assistants.
2. The enrollment requirements, general duties and policies governing personal care described on pages 77uv and through 77w apply to the Personal Care Assistance Choice Option with the following exceptions:
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 - b. Personal Care Assistance Choice provider agencies provide fiscal intermediary services which include administrative and financial responsibilities including collection of time cards, billing for services and payment to staff.
 - c. The recipient and the Personal Care Assistance Choice provider agency must enter into a written agreement that includes the following components:
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 - ii. Salary and benefits
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 - e. If using the shared service option, the recipients may use only one Personal Care Assistance Choice provider agency.
 - f. The Personal Care Assistance Choice provider agency must be the employer of personal care assistants and qualified professionals, subject to state employment law and related regulations;
 - g. The Personal Care Assistance Choice provider agency owners and managing employees must not be related as a parent, child, sibling, or spouse to the recipient, responsible party, ~~qualified professional~~, or the personal care assistant;

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F. Qualified Professionals

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2. A qualified professional performs the duties of training, supervision, and evaluation of the personal care assistance staff and evaluation of the effectiveness of personal care services. The qualified professional develops a care plan based on the service plan developed by the assessor.
3. Recipients or responsible parties utilizing either Personal Care Assistance Choice or personal care provider organizations must have qualified professional supervision of personal care assistants.

G. Personal Care Assistants

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6. Must not be a consumer of personal care services;
7. Must maintain daily written records;
8. Must report any suspected abuse, neglect or financial exploitation of the recipient to appropriate authorities;
9. Must complete standardized training.

III. Amount, duration and scope of personal care services

A. Assessment and Service Plan

1. A personal care service plan must be developed at least once every 365 days following an assessment by a public health nurse, or a long term care consultation, which is an assessment of level of care and care planning for purposes of home and community-based waiver programs.
2. If the recipient's medical need changes, the recipient's personal care provider agency may request a change in service authorization or make a referral to another service.
3. In order to continue to receive personal care services after the first year, a service update may be completed. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B. of this Attachment, except that Personal Care Assistance Choice consumers must have a face-to-face assessment at least annually.

B. Department authorization

1. The Department authorizes all personal care services and supervision services.
2. Authorization is based on the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options.
3. The Department authorizes total daily personal care services based on the following:

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26. Personal care services, continued

- a. The person meets the access criteria of having a dependency in an activity of daily living or having the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - b. A person who meets the access criteria above with fewer than two dependencies in activities of daily living is authorized 30 minutes of personal care.
 - c. A person who has two or more dependencies in activities of daily living is authorized for personal care as follows:
 - i. The person has been given a home care rating and assigned a daily base amount of time by identifying the number of dependencies in activities of daily living, the presence of complex health related needs and/or the presence of specific behaviors including physical aggression towards self or others, or destruction of property;
 - ii. The person is authorized for additional time as follows:
 - 30 additional minutes per day for a dependency in each of the critical activities of daily living of eating, transferring, mobility, and toileting;
 - 30 additional minutes per day for each complex health-related need;
 - 30 additional minute per day for each identified behavior description.
4. For people who meet the definition of ventilator-dependent, the Department authorizes a combination of personal care assistance, and private duty nursing as defined in item 8, and services provided by Medicare Certified Home Health Agencies as defined in items 7, 7.a. and 7.b., up to the limit amount the Department would pay for all direct care services provided in home that would be included in the payment for care at a hospital, 24 hours per day of private duty nursing at the highest cost level;
5. The Department authorizes a reasonable amount of time for qualified professional supervision of personal care services;
6. Department authorization is also required if more than two reassessments are needed during a calendar year to determine a recipient's need for personal care assistant services.

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26. Personal care services, continued

C. Shared Service Option

1. **"Shared Service Option"** means personal care services provided in the same setting at the same time by the same personal care assistant for two or three recipients, including recipients selecting PCA Choice, who have entered into an agreement to share services,
2. The shared service option must be appropriate based on the ages of the recipients, compatibility, and coordination of their assessed care needs. A contingency plan must be developed that accounts for absence of a recipient in a shared services agreement due to illness or other circumstances.
3. The shared service option is elected by the recipient or responsible party. The recipient or responsible party may withdraw participation in shared services at any time.
4. There must be documentation of the shared services in each recipient's health record including the training of the personal care assistant, number of hours/units shared, setting, and supervision of staff and services.
5. Each recipient sharing service must use the same personal care assistance provider agency.

D. Flexible Use of Personal Care Services

1. "Flexible Use" means the scheduled use of authorized hours of personal care services, which vary within a service authorization period of up to six months. The recipient/responsible party determines the schedule and communicates this to the personal care provider agency.
2. All recipients, except those assigned to the Minnesota Restricted Recipient program or who have the flexible use option revoked by the Department for misuse or abuse, may use their personal care services hours/units in a flexible manner to meet their needs within the following limits:
 - a. Total authorized hours/units must be divided between two six-month date spans.
 - b. No more than 75% of total authorized hours/units may be used in a six-month date span.
 - c. Health and safety must be assured.
 - d. Units cannot be transferred from one six-month date span to another.
 - e. Additional PCA hours/units cannot be added unless there is a change in condition.

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26. Personal care services, continued

3. The personal care provider agency qualified professional and the recipient or responsible party must develop a written month-to month plan of the projected use of personal care assistant services that is part of the care plan and ensures the:
 - a. Health and safety needs of the recipient are met throughout both six-month authorization periods; and
 - b. Total hours will not exceed total hours authorized.
4. The provider agency shall monitor the use of personal care assistance services to ensure health and safety needs of the recipient are met throughout the authorization periods.
5. The Department will provide written notice to the provider and the recipient or responsible party when the recipient is at risk of exceeding the personal care assistance services prior to the end of the six-month date span.
6. The Department may take actions if there is misuse and abuse of flexible use of personal care services including, but not limited to:
 - a. Revoking flexible use by limiting the authorization period to one month;
 - b. Requiring a recipient to have a responsible party;
 - c. Requiring a qualified professional to monitor and report services on a monthly basis.

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26. Personal care services, continued

IV. Services not covered under medical assistance as personal care services

- A. Health services provided and billed by a provider who is not an enrolled personal care provider;
- B. Personal care services that are provided by the ~~recipient's spouse-parent, stepparent, or paid~~ legal guardian of a recipient under age 18, ~~parent of a recipient under age 18~~a paid legal guardian of a recipient over age 18, or the recipient's spouse or responsible party;
- C. Services that are used solely as a child care or babysitting service;
- D. Services provided by the residential or program license holder in a residence licensed for more than four persons;
- E. Services that are the responsibility or in the daily rate of a residential or program license holder under the terms of a service agreement and administrative rules;
- F. Sterile procedures;
- G. Giving of injections of fluids into veins, muscles, or skin;
- H. Homemaker services that are not an integral part of a personal care service;
- I. Home maintenance or chore services;
- J. Personal care services when other, more cost-effective, medically appropriate services are available;
- K. Services that are not in the individual's service plan;
- L. Home care services to a recipient who is eligible for Medicare covered home care services (including hospice), if elected by the recipient, or any other insurance held by the recipient;
- M. Services to other members of the recipient's household;
- N. Services not specified as covered under medical assistance as personal care assistant services;
- O. Application of restraints;
- P. Assessments by personal care provider organizations or by independently enrolled registered nurses;
- Q. Services provided in lieu of legally required staffing in a residential or child care setting; and
- R. Services not authorized by the commissioner or the commissioner's designee.