Personal Care Attendant (PCA)
Clinical Coverage Criteria

Description

The Personal Care Attendant (PCA) Program offered by Fallon Health supports members with long-term or chronic disabilities in maintaining independence, remaining in their communities, and managing their own personal care needs. In this self-directed model, the member—referred to as the PCA consumer—is considered the employer of the PCA unless a surrogate is designated. The member is responsible for all aspects of employment, including recruiting, hiring, scheduling, training, and, if necessary, terminating the PCA.

To participate, the member must be capable of completing all required documentation for the Fiscal Intermediary (FI) and the Personal Care Management (PCM) Agency and must comply with all program requirements outlined in 130 CMR 422.00. The PCM agency provides ongoing training in functional skills to help members effectively manage their PCA responsibilities, including how to recruit, interview, and train their PCA.

Eligibility and Scope of Services

- For members enrolled in Fallon Health's Senior Care Options (SCO) plan, PCA services must include physical assistance with at least two Activities of Daily Living (ADLs). These services may also include health-related tasks such as wound care or blood glucose monitoring.
- When specified in the care plan, PCA services may also include help with Instrumental Activities of Daily Living (IADLs), such as laundry, dusting, and vacuuming. These tasks must be incidental to the member's care or essential to their health and well-being—not performed for the benefit of other household members.
- During the assessment process, less costly alternatives to PCA services—such as durable medical equipment (DME) like mobility aids or tub seats—should be considered to support the member's independence in performing ADLs and IADLs.

Responsibilities and Scope of PCA Role

- PCAs are hired, trained, and supervised by the member or their surrogate. Because of this self-directed structure, PCAs may perform tasks that go beyond the scope of agency-employed paraprofessionals.
- These tasks can include administering medications and providing skilled care such as dressing changes, injections, and monitoring vital signs.
- In some cases, skilled nursing support may be required to train the PCA in performing these activities safely.

RELEVANT DEFINITIONS

Activities of Daily Living (ADLs) -Those specific activities described in 130 CMR 422.410(A). Such activities are performed by a PCA to physically assist a member with mobility, taking

medications, bathing, or grooming, dressing, passive range of motion exercise, eating, and toileting.

Activity Form – the timesheet, in a form and formant designated by the MassHealth agency, including through the use of Electronic Visit Verification (EVV), to be used by the member, the member's surrogate or administrative proxy, if any, and the PCA for recording all PCA activity time for each pay period.

Activity Time – the actual amount of time spent by a PCA physically assisting the member with ADLs and Instrumental Activities of Daily Living (IADs). Activity time is reported on the activity form.

Administrative Proxy – The member's legal guardian, a family member or any other person identified in the service agreement who is responsible for performing certain administrative functions related to PCA management that the member is unable or unwilling to perform

Administrative Tasks – tasks, such as claims processing, recordkeeping, and reporting, required by the Executive Office of Health and Human Services (EOHHS) fiscal intermediary contract and performed by the fiscal intermediary.

Assessment – a PCM agency's determination of a member's ability to manage the PCA program independently and the ability of a surrogate or administrative proxy, if any, to manage the PCA program on behalf of the member. The PCM agency conducts an assessment of a member and surrogate or administrative proxy, if any, in accordance with 130 CMR 422.422(A) and the contract for PCM functions. The result of an assessment of the member is a determination that the member either requires a surrogate or administrative proxy to receive PCA services or can manage the PCA program independently. The Result of an assessment of the surrogate or administrative proxy, if any, is a determination about whether the surrogate or administrative proxy can appropriately and effectively manage the PCA program on behalf of the member.

Day/Evening Hours – 6:00 AM to 12:00 AM

Electronic Visit Verification (EVV) – the method or system designated or approved by EOHHS to electronically verify service delivery I the form and format as required by the MassHealth agency.

Evaluation – an initial determination by Fallon Health of the scope and type of PCA services to be provided to a member who meets the qualifications of 130 CMR 422.403. The evaluation is conducted by a registered nurse and/or an occupational therapist in accordance with 130 CMR 422.422(C) or 422.438(B).

Family Member – the spouse, parent, legal guardian or any other legally responsible relative to the member.

Fiscal Intermediary - An entity contracting with the Plan to perform employer-required tasks and related administrative tasks including, but not limited to, tasks described in 130 CMR 422.419(B).

Functional Skills Training - Instructional services provided by a personal care management agency in accordance with 130 CMR 422.421(B), including in-person comprehensive functional skills training, in-person issue-focused functional skills training, and telephonic functional skills training, to assist members who have obtained prior authorization for PCA services and their surrogates and administrative proxies, if necessary, in developing the skills and resources to maximize the member's management of the PCA program, including, but not limited to, personal health care, PCA services, activities of daily living, and activities related to the fiscal intermediary.

Holidays - January 1st, , Martin Luther King Jr. Day, Juneteenth, July 4th, Thanksgiving Day, December 25th.

Instrumental Activities of Daily Living (IADLs) - Those specific activities described in 130 CMR 422.410(B) that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.

Intake and Orientation – functions provided to or for a member who seeks PCA services, but for whom Fallon Health has not yet granted a prior authorization for PCA services. These functions include, but are not limited to, determination of initial eligibility for PCA services; instruction and orientation of the rules, policies, and procedures of the PCA Program; instruction in the member's rights and responsibilities when using PCA services; instruction in the role of the PCM agency and the fiscal intermediary, including the use of activity forms; and instruction in the skills and tasks necessary to manage PCA services.

Medically Necessary or Medical Necessity – in accordance with 130 CMR 450.204, Medically Necessary services are those services (1) which are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the Enrollee that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; and (2) for which there is no other medical service or site of service, comparable in effect, available, and suitable for the Enrollee requesting the service, that is more conservative or less costly. Medically Necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

NaviCare Nurse Case Manager – A registered nurse employed by the Plan and responsible for determining a member's clinical eligibility for the program.

Night Hours – 12:00 AM – 6:00 AM.

Overtime Requiring Authorization – activity time performed by a PCA in excess of the weekly hour limit specified in 130 CMR 422.418(A).

PCA Rate – the rate of payment for activity time performed by PCAs during day/evening hours and night hours in accordance with Executive Office of Health and Human Services (regulations at 101 CMR 309.00) Independent Living Services for the Personal Care Attendant Program.

Personal Care Attendant (PCA) – a person who meets the requirements of 130 CMR 422.404(A)(1) and who is hired by the member or surrogate to provide PCA services. The PCA must not be a family member, as defined in 130 CMR 422.402; and includes but is not limited to the PCA must not be the member's surrogate; not be the member's foster parent; not be receiving compensation from any other person or entity for that activity time.

Personal Care Attendant (PCA) Provider Number – a sequence of characters or numbers provided by the fiscal intermediary and assigned to each PCA that uniquely identifies each PCA regardless of the number of members who employ the PCA or the number of fiscal intermediaries who perform employer-required tasks for the PCA.

Personal Care Attendant Services (PCA Services) –assistance with Activities of Daily Living (ADLs), such as bathing, dressing, grooming, eating, ambulating, toileting, and transferring. Payments for Overtime Services (T1019 TU and 99509) and Travel Time (A0170) are excluded from the Contractor's coverage of Personal Care Attendant Services; claims for such services shall be paid directly by MassHealth.

Personal Care Management (PCM) Agency – a public or private agency or entity under contract with Fallon Health to provide PCM functions in accordance with 130 CMR 422.000 and the PCM agency contract.

Personal Care Management (PCM) Functions – administrative functions provided by a PCM agency to a member in accordance with a contract with Fallon Health, including, but not limited to, functions identified in the PCM agency contract and 130 CMR 422.419(A).

Reevaluation – an assessment of a member' continuing need for PCA services to be provided to a member who requires a continuance of PCA services, because the current authorization is expiring. The re-evaluation must be conducted in accordance with 130 CMR 422.422(D).

Service Agreement – a written plan of services, consistent with the requirements of 130 CMR 422.423 and the PCM agency contract, which is developed jointly by the PCM agency, the member, and the member's surrogate or administrative proxy, if any. The service agreement describes the responsibilities of the PCA, the member, the surrogate or administrative proxy, the fiscal intermediary, and the PCM agency as they relate to the management of the member's PCA program. If the member does not require a surrogate or administrative proxy, the service agreement must state that the member is solely responsible for the management tasks, including hiring, firing, scheduling, training, supervising, and otherwise directing PCAs. The service agreement must also describe the type and frequency of functional skills training that the member and the surrogate or administrative proxy, if appropriate, receives form the PCM agency to manage he PCA program successfully.

Surrogate – the member's legal guardian, a family member, or other person as identified in the service agreement, who is responsible for performing certain PCA management tasks that the member is unable or unwilling to perform.

Policy

This Policy applies to the following Fallon Health products:
☐ Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
☐ MassHealth ACO
☒ NaviCare HMO SNP (Dual Eligible Medicare Advantage and MassHealth)
☐ PACE (Summit Eldercare PACE, Fallon Health Weinberg PACE)
☐ Community Care (Commercial/Exchange)

Prior authorization is required for Personal Care Attendant (PCA) Services.

Fallon Health Clinical Coverage Criteria

Coverage is determined based on medical necessity and the member's qualifying needs, which are assessed using RN completed in-home evaluation which consists of a Health Risk Assessment (HRA), Minimum Data Set (MDS), and Functional Needs Assessment/Time for Task Tool (TFTT).

- This assessment identifies the number of hours of support needed for Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs), referred to as "activity time."
- When calculating the time required for IADL support, the Assessment RN must apply the following assumptions:
    - Shared Household Support: If the member lives with family, it is expected that family members will assist with routine IADLs such as laundry, housekeeping, shopping, and meal preparation.
    - Shared PCA Services: If multiple members in the household are authorized for PCA services, time allocated for homemaking tasks must be divided proportionally among them.

- Fallon Health's care team ensures that PCA service hours do not overlap with other authorized services the member receives.

Annual Reassessment and Training

- Members must undergo a reassessment at least once per year.
- Reassessment must also occur sooner if there is a change in the member's functional status or living situation.
- Ongoing skills training is required to maintain program eligibility. Failure to complete the annual reassessment and training may result in service termination.

Clinical Coverage Criteria

Fallon Health may approve PCA services when all of the following conditions are met:

1. Medical Eligibility
   - The member has a documented chronic or permanent physical, cognitive, or behavioral health condition.
2. Functional Impairment Documentation
   - Records must show how the member's condition limits their ability to perform ADLs and, if applicable, IADLs without assistance.
3. Functional Assessment
   - For SCO members: An RN or LPN, along with an occupational therapist (OT), must assess and confirm that the member cannot independently complete at least two ADLs without hands-on support.
   - Qualifying ADLs include:
     1. Mobility: Assistance with transferring, walking, or using mobility aids.
     2. Medication Support: Help with taking prescribed medications.
     3. Bathing/Grooming: Assistance with hygiene and grooming tasks.
     4. Dressing: Help with putting on or removing clothing.
     5. Passive Range-of-Motion Exercises: Support with therapeutic movement exercises.
     6. Eating/Feeding: Assistance with eating, including tube feeding or special dietary needs.
     7. Toileting: Help with bowel or bladder care.
   - IADL Support (if ADL criteria are met)
     PCA services may also include:
     1. Household Tasks: Laundry, shopping, and housekeeping.
     2. Meal Preparation: Cooking and cleaning up meals.
     3. Transportation: Accompanying the member to medical appointments.
   - Special Needs: Maintenance of wheelchairs and adaptive devices, completing paperwork for PCA services, and other approved tasks essential to the member's health.
4. Health Maintenance Justification
   - Documentation must show that PCA services are necessary to maintain or improve the member's health status.
5. Home-Based Care Feasibility
   - The member must be safely cared for in a home setting.
6. Non-Duplication of Services
   - PCA services must not overlap with other services the member is receiving.
7. Program Management Capability

- The member must either be capable of managing the PCA program independently or have designated a surrogate to do so.

Required Documentation

1. Completed Health Risk Assessment and Minimum Data Set supporting need for PCA services.
2. Documented service plan or PCA service need within individualized care plan (ICP).
3. Evaluation of the member's ability to manage the program or confirmation of a surrogate.
4. Assessment of required service hours, Functional Assessment/Time for Task Tool (TFTT)
5. Functional skills training provided by the PCM agency.
6. Additional narrative or clinical documentation supporting medical necessity.
7. PCP Order for PCA services; may include medical documentation supporting need for support with ADLs and IADLs.

Medicare Variation

N/A

MassHealth Variation

N/A

Exclusions

Fallon Health does not authorize or reimburse Personal Care Attendant (PCA) services under the following circumstances:

1. PCA services cannot be approved solely for cueing or monitoring to complete an Activity of Daily Living (ADL). Physical (hands-on) assistance is required.
2. **Non-ADL/IADL Supervision**
   - PCA services are not covered for general supervision or anticipatory needs that fall outside of ADL and IADL support.
3. **Non-Medical Social Services**
   - PCA services do not include social or community-based services such as babysitting, respite care, vocational training, sheltered workshops, educational instruction, recreational activities, advocacy, or coordination with other agencies.
4. **Facility-Based Residency**
   - PCA services are not covered for members residing in nursing facilities, inpatient hospitals, or provider-operated residential settings subject to state licensure (e.g., group homes).
5. **Participation in Other MassHealth-Funded Programs**
   - PCA services are not reimbursed while a member is actively participating in other MassHealth-funded programs such as Day Habilitation, Adult Day Health, Adult Foster Care (AFC), or Group Adult Foster Care (GAFC).
   - PCA services may only be combined with AFC if a formal emergency backup and personal care contingency plan is developed in collaboration with the multidisciplinary team (MDT), the AFC caregiver, and the member or their representative. This plan must outline alternative care arrangements if the AFC caregiver is temporarily unavailable.
6. **Availability of Lower-Cost Alternatives**

- PCA services are not covered when less expensive options—such as minor home modifications or assistive devices—can support the member's independence in performing ADLs and IADLs.

7. **Surrogate Restrictions**
   - Fallon Health does not pay for PCA surrogates.
   - PCA services are not covered for members who require a surrogate but have not designated one.
8. **Electronic Visit Verification (EVV) Requirement**
   - PCA services must be documented using EVV unless a MassHealth-approved exception is in place.
9. **Non-Essential Activities**
   - PCA time cannot be allocated for tasks that are not directly related to the member's functional support, such as babysitting, lawn care, bill payment, recreational activities, or pet care.
10. **Family Member Restrictions**
    - PCA services cannot be provided by family members or surrogates as defined by Fallon Health policy.

Limitations

1. **Avoiding Duplication of Services**
   - Fallon Health ensures that PCA service hours do not overlap with other medically necessary or authorized services.
   - Tasks such as meal preparation and cleanup, laundry, grocery shopping, and housekeeping may be included in PCA hours only if they are not already covered in the member's care plan.
2. **Scope of PCA Tasks**
   - PCAs may perform certain nursing-related tasks (e.g., dressing changes, injections, vital sign monitoring). In such cases, skilled nursing may be required to train the PCA appropriately.
3. **Time Allocation Standards**
   - PCA authorizations should follow the time estimates outlined in the MassHealth Time-For-Tasks Guidelines or Functional Assessment.
   - If a member requires more time than the standard estimates, this must be clearly documented in the clinical record.
4. **Shared Household Responsibilities**
   - If the member lives with a spouse or legally responsible relative, it is expected that those individuals will assist with most IADLs, including routine laundry, housekeeping, shopping, and meal preparation.
5. **Shared PCA Services Among Multiple Members**
   - If the member lives with others who are also authorized for PCA services, time for homemaking tasks must be divided among them. Any exceptions must be clearly documented in the member's clinical record.
6. **Individualized Consideration for IADL Support**
   - Fallon Health will evaluate each member's unique circumstances when determining the number of hours needed for IADL support, including laundry, housekeeping, shopping, and meal preparation.

Evidence Summary

N/A

Analysis of Evidence (Rationale for Determination)

N/A

Coding

The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage.

CPT/HCPCS Codes

Personal Care Management (PCM) Codes

Code	Description
99456	Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report (initial evaluation of a member to determine the need and extent of the need for personal care services) (per evaluation)
99456 TS	Work related or medical disability examination by other than the treating physician that includes: completion of a medical history commensurate with the patient's condition; performance of an examination commensurate with the patient's condition; formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; development of future medical treatment plan; and completion of necessary documentation/certificates and report (code with modifier for re-evaluations)
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter (per member per month charge for intake and orientation services provided to a member who does not yet have PA for PCA services) (maximum 3 months)
T2022	Case management, per month (current PA for PCA services required for each member) (per member per month charge for functional skills training)
T2022 U1	Case management per month. (Current PA for PCA services required for each member.) Use to bill for required quarterly comprehensive (in person) functional skills training (FST) visits during the first year of approved PCA services. (Bill on the date FST was delivered.) (Bill code once in each calendar year quarter only.) Cannot be billed on the same date as T2022 U2, U3, U4, U5, or another unit of Personal Care Attendant (PCA)Services Page 8 of 10 Payment Policy Effective 09/01/2024 T2022 U1 was billed.
T2022 U2	Case management per month. (Current PA for PCA services required for each member.) Use to bill for required annual comprehensive (in person) FST (limit one per year). (Bill on date FST was delivered.) Cannot be billed on the same date as T2022 U3, U4, U5, or another unit of T2022 U2 was billed.
T2022 U3	Case management per month. (Current PA for PCA services required for each member.) Use to bill for issue-focused (in person) FST. (Bill on date

	FST was delivered.) Cannot be billed on same date as T2022 U1, U2, U5, or another unit of T2022 U3 was billed
T2022 U4	Case management per month. (Current PA for PCA services required for each member.) Use to bill for issue-focused (telephone contact with FST delivery) FST. (Bill on date FST was delivered.) Cannot be billed on same date as T2022 U1, U2, or U5 was billed.
T2022 U5	Case management per month. (Current PA for PCA services required for each member.) Use to bill for FST (in person) within ten days of identifying a new surrogate. (Bill on date FST was delivered.) Cannot be billed on same date as T2022 U1, U2, U3, U4, or another unit of T2022 U5 was billed. May bill only once during a calendar year, regardless of multiple surrogate changes. This code does not apply to administrative proxy changes.

Personal Care Attendant (PCA) Codes

Code	Description
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) (P.A.) (Use this code to bill for PCA services provided during day or night.)
T1019 TU	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) Special payment rate, overtime (P.A.) (Use this code and modifier to bill for premium pay for overtime.) *Effective for dates of service on or after January 1, 2024, PCA overtime is paid directly by MassHealth*
T1019 TV	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR, or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant) Special payment rate, holidays (PA) (Use this code and modifier to bill for premium pay for holidays.)
T1020	Personal care services, per diem (admin task fee / interest fee).
99509 U2	Home visit for assistance with activities of daily living and personal care. (personal care services, per 15 minutes) (Use this code and modifier to bill for PCA paid earned time.) (Current PA for PCA services required for each member.
99509 U3	Home visit for assistance with activities of daily living and personal care (Use to bill for PCA new hire orientation, per diem, per eligible PCA).
99509 TU	Home visit for assistance with activities of daily living and personal care. (personal care services) (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.) (Current P.A. for PCA services required for each member.) Effective for dates of service on or after January 1, 2024, PCA overtime is paid directly by MassHealth.
A0170	Transportation ancillary: parking fees, tolls, other. (Use this code to bill for travel time for PCA services, per 1 minute.) (Current P.A. for PCA services required for each member.)

Modifier 77 – Include with the service codes listed above when billing additional authorized units for a previously submitted date of service (not applicable with code T1020).

References

1. Fallon Health Personal Care Attendant (PCA) Services Payment Policy

2. 130 CMR 422.00 MassHealth Personal Care Attendant Regulations

Policy history

Origination date:	01/01/2026
Review/Approval(s):	Technology Assessment Committee: N/A Utilization Management Committee: 10/21/2025 (origination, approved as written).

Instructions for Use

Fallon Health complies with CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations for Medicare Advantage members. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health may create internal coverage criteria under specific circumstances described at § 422.101(b)(6)(i) and (ii).

Fallon Health follows Medical Necessity Guidelines published by MassHealth when making medical necessity determinations for MassHealth members. In the absence of Medical Necessity Guidelines published by MassHealth, Fallon Health may create clinical coverage criteria in accordance with the definition of Medical Necessity in 130 CMR 450.204.

For plan members enrolled in NaviCare, Fallon Health first follow's CMS's national coverage determinations (NCDs), local coverage determinations (LCDs) of Medicare Contractors with jurisdiction for claims in the Plan's service area, and applicable Medicare statutes and regulations when making medical necessity determinations. When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, or if the NaviCare member does not meet coverage criteria in applicable Medicare statutes, regulations, NCDs or LCDs, Fallon Health then follows Medical Necessity Guidelines published by MassHealth when making necessity determinations for NaviCare members.

Each PACE plan member is assigned to an Interdisciplinary Team. PACE provides participants with all the care and services covered by Medicare and Medicaid, as authorized by the interdisciplinary team, as well as additional medically necessary care and services not covered by Medicare and Medicaid. With the exception of emergency care and out-of-area urgently needed care, all care and services provided to PACE plan members must be authorized by the interdisciplinary team.

Not all services mentioned in this policy are covered for all products or employer groups. Coverage is based upon the terms of a member's particular benefit plan which may contain its own specific provisions for coverage and exclusions regardless of medical necessity. Please consult the product's Evidence of Coverage for exclusions or other benefit limitations applicable to this service or supply. If there is any discrepancy between this policy and a member's benefit plan, the provisions of the benefit plan will govern. However, applicable state mandates take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, federal mandates will apply to all plans.