

Clinical Policy: Personal Care Attendant (PCA) Services

Reference Number: [NH.CP.MP.602](#)

Last Review Date: 08/25

Effective Date: 10/15/2025

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Statement

This clinical policy is to define the criteria needed to be reviewed in order to approve Personal Care Attendant (PCA) Services

Purpose

To ensure consistency in the application of medical necessity criteria for members who require Personal Care Attendant Services

Scope

This policy applies to the Utilization Management team at NH Healthy Families for HCPS code T1019.

Definitions

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)

Personal Care Attendant Services definitions below per NH Administrative Code He-W 552.02:

a. Chronically wheelchair mobile means the recipient, due to a physical disability, must use a wheelchair for mobility.

b. "Family member" means an individual related to the recipient within the second degree of kinship, including:

1. A spouse, parent, stepparent, sister, or brother; or
2. A grandparent, aunt, or uncle residing in the same household as the recipient.

c. Legally responsible adult means a spouse, or the parent(s) of a minor child, including step-parents, foster parents, and legal guardians, who are legally responsible to provide care for another person.

d. Natural supports means the help and care that an individual receives from their family, friends, significant others, roommates, neighbors, and other community resources, including unpaid voluntary services.

e. Personal care attendant (PCA) means a person who meets the requirements set forth in [He-W 552.04\(b\)](#) and is an employee of or is under contract with a personal care service provider(s) to provide PCA services

All PCAs shall:

1. Be employed by or under contract with a NH Medicaid provider
2. Meet the training and experience requirements
3. Not be a family member of the recipient.

f. Personal care attendant services (PCA services) means medically oriented personal care services which are provided by a PCA in the recipient's home, workplace, or other non-institutional setting which allows the recipient to maintain themselves in their home and gain greater control over their life.

e. Recipient means an individual who is eligible for and receives medical assistance under the Medicaid program.

Policy/Criteria

POLICY:

1. Any New Hampshire Medicaid beneficiary who meets the requirements of He-W 552.03 will be eligible for Personal Care Attendant (PCA) Services.

2. The member must meet all of the following eligibility requirements:

a. Medicaid recipients shall be eligible for PCA services when the recipient:

1. Is at least 18 years of age;
2. Is their own legal guardian;
3. Is chronically wheelchair-mobile;
4. Is approved to participate in an independent living program by a provider of PCA services;
5. Is able to participate in activities of daily living (ADLs), which are the basic self-care tasks of everyday life, such as eating, bathing, dressing, toileting, and transferring;
6. Is able to self-direct, which means the recipient is capable of:
 - a. Making informed choices about their PCA services; and
 - b. Selecting, directing, supervising, and managing the PCA in the implementation of a plan of care;
7. Is living in a non-institutional environment, but requires a minimum of 2 hours of medically oriented PCA services per day; and
8. Has a demonstrated need for PCA services as required by c. below.

b. The requirements in section a, number 6 above shall not preclude the recipient from obtaining assistance with the task of selecting and directing the PCA.

c. A demonstrated need for PCA services shall be documented by:

1. Documentation from the recipient's physician that includes:
 - a. A statement certifying that, based on the physician's assessment of the recipient's abilities and of the frequency and scope of the medical interventions needed by the recipient.
 - b. A description of the specific PCA services and tasks that the recipient needs assistance with; and

- c. The number of hours of PCA services needed on a daily or weekly basis; and
2. Documentation signed by the recipient indicating that the recipient's needs cannot be fully met with natural supports, including:
- a. A statement attesting that the PCA services are intended to assist the recipient, not to replace or supplant the help already available to the recipient from family members, community resources, or other natural supports; and
 - b. Information detailing why the legally responsible adult is not able to provide the care that is needed, such as physical limitations or a work schedule that limits their availability.
3. Covered PCA services:
- a. PCA services shall be covered when they are:
 - 1. PCA services as defined by [He-W 552.02](#) and as further described in b. below;
 - 2. Documented by the recipient's physician who certifies to the necessity of the PCA services
 - 3. Outlined in a plan of care developed by a registered nurse (RN)
 - 4. Provided in the recipient's home or in locations other than the recipient's home, such as school and work, if the PCA services would have otherwise been provided in the recipient's home;
 - 5. Of a type, frequency, and duration that is consistent with the recipient's demonstrated needs for PCA services as documented in the plan of care; and
 - 6. Provided in accordance with the requirements of this policy/He-W 552.
 - b. PCA services, provided in accordance with the plan of care, shall include, as applicable:
 - 1. Personal hygiene, such as providing or assisting the recipient with bathing, washing hair, grooming, shaving, nail care, foot care, skin care, mouth care, and oral hygiene, including special mouth care;
 - 2. Assistance with toileting or a bowel and bladder care program, such as assisting the recipient with getting to and from the bathroom, getting on and off the toilet, using an assistive device for toileting, changing incontinence supplies, following a toileting schedule, cleansing an individual or adjusting clothing related to toileting, emptying a catheter drainage bag or assistive device, ostomy care, and bowel care;
 - 3. Assisting the recipient with movement and mobility, transfers and repositioning, such as transferring the recipient from a bed to a wheelchair, turning the recipient, adjusting padding for physical comfort or pressure relief, and assisting with range-of-motion exercises;
 - 4. Under the direction of the recipient or legally responsible adult, assistance with medications to the extent allowable under RSA 326-B;
 - 5. Assistance with dressing;
 - 6. Meal preparation and clean-up when such activities are not otherwise being provided, and may include preparing meals for modified diets, assisting with eating, and monitoring to prevent choking or aspiration; and
 - 7. The performance of light household tasks related to the recipient's needs, such as but not limited to, changing and washing the recipient's bed linens, doing the recipient's

laundry, cleaning of recipient occupied space, or moving furniture to remove obstacles and hazards to enable the recipient to move easily in the home.

c. The recipient shall be responsible for informing the PCA about their preferences regarding the PCA services and how they are to be performed.

4. Upon receipt of the prior authorization completed documentation from the ordering provider, the Plan shall review the request. If the Plan approves the entire request as ordered by the ordering provider, the Plan shall notify the Member and the rendering provider of the approval of service coverage. If the Plan is unable to approve the entire request, as signed by the ordering provider, the Plan shall deny or partially deny the request, sending notification to the Member, the ordering provider and the rendering provider. The Plan shall afford the ordering provider the opportunity to have a peer-to-peer consultation after a denial or partial denial has been issued. The ordering provider may request a peer-to-peer consultation with the authorizer at any time during the utilization management determination process including prior to an approval, denial, or partial denial of service is issued.

5. The Plan shall comply with all contract provisions regarding continuing coverage of services which the beneficiary is already receiving to allow for care transitions and time periods for notifications to beneficiaries, ordering providers and rendering providers throughout the utilization review process

PROCEDURE:

All PCA services require Plan prior authorization. The Plan uses the clinical criteria included in this policy and/or EPSDT guidelines, when applicable, to determine medical necessity of PCA services.

Once all criteria is met as per this policy, PCA service authorizations will be issued for no less than 1 year spans for ongoing PCA services. If the member is new to the PCA benefit, initial authorizations shall be for no less than 3 months.

Criteria that must be met includes:

1. Prior authorization must be requested for all PCA services.
2. The member must meet all of the eligibility requirements for PCA services
3. The provider must submit the Self Care Functional Evaluation (SCFE)
4. Assessment, documentation and other plan of care documentation must meet all of the following:
 - a. A personal care assessment, used to assess the recipient's need for PCA services, shall be conducted by the provider's licensed RN and used to develop the plan of care.
 - b. The personal care assessment shall include the following:
 1. The recipient's functional level;
 2. The adaptability of the recipient's place of residence to the provision of PCA services;
 3. The capability of the recipient to participate in their own care and to determine the degree of support needed; and

4. The extent of, and need for, any natural supports, taking into account the potential contributions of natural supports.
- c. The plan of care shall:
 1. Be based on the recipient's physician's documentation and the personal care assessment (as above).
 2. Include the information from the personal case assessment as well as the following:
 - a. Diagnosis;
 - b. Recipient status, including:
 1. Behavioral health status;
 2. Physical health status;
 3. Functional limitations; and
 4. Rehabilitative prognosis;
 - c. PCA services needed, including:
 1. The type, frequency, and number of hours or 15-minute units per day or week;
 2. Any equipment requirements;
 3. Any nutritional requirements; and
 4. Medications;
 - d. Discharge planning or referral; and
 - e. Other identified appropriate PCA services;
 3. Be signed by the licensed RN responsible for the oversight of the recipient's care, and incorporated in the provider's record for the recipient; and
 4. Be reviewed by the provider's licensed RN who is responsible for the oversight of the recipient's care every 60 days, and by the prescribing physician once per year, or more often if warranted by the severity of the recipient's functional limitations.
- d. The provider's licensed RN who is responsible for the oversight of the recipient's PCA services shall make a face-to-face visit to the recipient's residence at least once every 60 days to:
 1. Reassess the PCA services in light of the recipient's needs as described in the plan of care, and note any need for changes to the plan of care;
 2. Confirm that the recipient is satisfied with the PCA services being provided;
 3. Verify that the PCA services are being provided in accordance with the recipient's needs, preferences, and the plan of care; and
 4. Ensure that documentation and recordkeeping are being performed in an accurate and appropriate manner.
- e. All assessments required in a. and d. above shall be conducted using a standardized assessment tool (e.g. SCFE) of the provider's choice, which has been reviewed by the department.
- f. Any revisions to the plan of care as a result of a review as described in d. above shall be in writing and approved by the recipient's physician.

PCA services are considered non-covered and not payable for the following activities and instances in any one of the items 1 through 12 below:

1. Services that are not medically oriented, including:
 - a. Shopping, except for grocery shopping;
 - b. Managing finances;
 - c. Care, grooming, or feeding of pets or other animals, with the exception of service animals as defined by the Americans with Disabilities Act (ADA), Title III Subpart A 36.104, or assistance animals as defined by the Fair Housing Act Section 504; and
 - d. Social integration activities, such as accompanying the recipient to a restaurant, to the movies, to a sporting event, or to any other community or social activity;
2. Chore services, which are tasks that exceed light housekeeping and include:
 - a. Cleaning floors, shampooing carpets, cleaning walls, and cleaning furniture in areas of the home not occupied by the recipient;
 - b. Doing laundry, other than the recipient's personal laundry, such as doing laundry for the entire household;
 - c. Cleaning windows; and
 - d. Doing yard work, gardening, home repairs, or shoveling snow unless needed to ensure the recipient's and the PCA's safe access to and from the recipient's home when the recipient has no natural supports;
3. Services provided outside the recipient's home for the convenience of the PCA, such as care provided at the PCA's home, or any other location where the recipient would not normally go within the community;
4. Services performed for the convenience of the recipient, or the recipient's family member(s), or intended to otherwise replace assistance available through the recipient's natural supports system;
5. Time spent with the recipient when no actual hands on care or other covered services are being provided, including but not limited to supervision, companion care, baby-sitting the recipient's dependents, or social visits;
6. Services provided to a recipient while the recipient is:
 - a. An inpatient or resident of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or institution for mental disease, in accordance with 42 CFR [440.167](#);
 - b. An inmate of a public institution, in accordance with 42 USC [1396d\(a\)\(32\)\(A\)](#); or
 - c. Attending a program for which PCA services are already provided, such as adult medical day care;
7. Services provided to the recipient outside the United States;
8. Duplicative of another Medicaid service;
9. Any services not listed as covered under the Covered Services section of this policy and He-W 552.
10. Services which are not included in the approved plan of care
11. Services provided to someone other than the recipient; and

12. Care requiring the technical or professional skill that a state statute or regulation mandates must be performed by a health care professional licensed or certified by the state.

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed.	08/25	08/25

References

1. New Hampshire Department of Health and Human Services Code of Administrative Rules He-W 522
2. NH DHHS Medicaid Managed Care Contract

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical

policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2025 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.