



# PCA Assessment and Service Plan Instructions and Guidelines

The 2009 Minnesota Legislature changed the assessment and authorization process for the Personal Care Assistance (PCA) Program. This document provides assessment instructions and guidelines about the new process.

Use the PCA Assessment and Service Plan form (DHS-3244) for the following:

- Face-to-face assessments for recipients using PCA services on fee-for-service, DD Waiver and managed care plans
- Assessments for recipients with a PCA level of care enrolling on the Consumer Support Grant (CSG)

Use the Supplemental PCA Assessment and Service Plan form (Under construction) when assessing for PCA services for the following:

- Alternative Care (AC) Program
- CAC, CADI, EW and TBI Waivers

Find the following categories in each section:

1. Legal authority for the basis of the assessment guidelines.
2. Definitions specific to the assessment process.
3. Policy statements.
4. Tables of information to reference when making decisions during the assessment process.
5. Requirements of the assessment and service planning process.
6. Instructions to complete the form.

## Page 1 – Recipient Information

<b>Policy Statements</b>	<p>The recipient information page provides:</p> <ul style="list-style-type: none"> <li>■ Summary of the assessment and</li> <li>■ Explanation of the components of the MMIS generated recipient service agreement letter</li> </ul> <p>The assessor and other lead agency staff must complete all the fields on the recipient information page before mailing this page along with the completed PCA Assessment and Service Plan to the recipient and provider within 10 days of the assessment.</p> <p><b>Overall assessment results since last assessment</b></p> <p>Termination refers to a person receiving PCA services at the time of the reassessment and who no longer meets the access criteria.</p> <p>Denial refers to a person not receiving PCA services at the time of the assessment and who does not meet the access criteria for PCA services following the initial assessment.</p> <p>Mail the complete PCA Assessment and Service Plan along with the recipient information page to both the recipient and provider immediately following the MMIS entry and approval of the service agreement.</p>
<b>Form Directions</b>	<p><b>Page 1 - Recipient Information is the last page to complete.</b></p> <p><b>If you fill the assessment in on a computer:</b></p> <ol style="list-style-type: none"> <li>1. Fill out the assessment form through pages 9 and 10. Most of the fields on the Recipient Information Page will auto populate from the answers on page 9.</li> <li>2. Type in or print the reason for What is different from your last assessment? This does not auto populate.</li> <li>3. Type in or print the dates at the top of the page. Only the assessment date will auto populate.</li> </ol> <p><b>If you fill the assessment in by hand:</b></p> <ol style="list-style-type: none"> <li>1. Fill out all the fields on this page. Use the information from page 9 of the PCA Assessment and Service Plan.</li> <li>2. Convert the Total time/day into units, minutes <b>and hours</b> per day.</li> <li>3. Fill in the dates at the top of the page.</li> </ol>

## Page 2 – Necessary Information

This page of this form has the necessary information about the person who will be receiving the assessment. This page may be used as an intake form for phone referrals. The referral form coming from the provider is the same as this page of the PCA Assessment and Service Plan form and can be substituted for this page.

Assessment	
Legal Authority	MN Statutes, section 256B.0659, subdivision 3a
Definition	<b>Assessment:</b> Review and evaluation of a person’s need for home care services conducted in person.
Policy Statements	<p>PCA assessments for:</p> <ul style="list-style-type: none"> <li>■ Fee-for-service, CSG and the DD Waivers are completed by a county public health nurse or a public health nurse under contract with the county</li> <li>■ CAC, CADI, EW and TBI Waivers and the AC Program are completed by the lead agency assessor</li> <li>■ Health plans are completed by the appropriate assessor as noted in DHS Bulletin 08-25-06</li> </ul> <p>The assessment determines the medical necessity and need for services that could include formal and informal services. There are two forms to use for the PCA assessment process:</p> <ol style="list-style-type: none"> <li>1. PCA Assessment and Service Plan (DHS-3244).</li> <li>2. PCA Assessment and Service Plan Supplemental form used with the LTCC assessment process (under construction).</li> </ol> <p>The entire assessment process includes the following components: assessment of the consumer, access to the PCA Program, authorization of total time, service planning, recommendations for referrals, data entry and information for the consumer and the provider. The assessor is responsible to document assessment information including observations and reports of the person. The assessment becomes a document used in the appeal process. Base the assessment on a person’s typical day without supports. For children this would be a non-school day.</p>

Section 1 - Directing Own Care Determination	
Legal Authority	MN Statutes, section 256B. 0659, subdivision 9 (e)
Definition	<b>Directing your own care:</b> Person can identify their needs, direct and evaluate caregiver task accomplishments and can provide for their health and safety.
Policy Statements	<p>A person is required to have a responsible party when the:</p> <ol style="list-style-type: none"> <li>1. Person is a minor.</li> <li>2. Person is an incapacitated adult with a court-appointed guardian.</li> <li>3. Assessment determines the person needs a responsible party to direct the consumer’s care.</li> </ol> <p>The assessor must assess if the person can direct his/her own care. Base the determination of directing own care on a total picture of the person along with their responses to questions. If a person cannot direct his/her own care, a responsible party is required and <b>must</b> be present during the assessment. If during the assessment, the assessor determines the person cannot direct their own care and there is no responsible party, stop the assessment until a responsible party can be present. The assessor must know the name of the responsible party and add it to the required documentation.</p>

Policy Statements	The provider agency must obtain a signed Responsible Party Agreement form on an annual basis. Find more policy information in the <a href="#">PCA Portal</a> .
Form Instructions	Mark Yes or No to the three questions about Directing Own Care and if a responsible party is needed. Add responsible party name to the form. Enter into the MMIS service agreement form.
The following are three questions from the form along with some ideas of areas the ASSESSOR may observe, listen to responses and learn about from others who may know the person. This list includes suggestions for the ASSESSOR and is not an all-inclusive list.	
<i>Can this person identify their own needs?</i>	<ul style="list-style-type: none"> <li>■ Is able to tell the ASSESSOR of their needs for assistance</li> <li>■ Knows their schedule for a day</li> <li>■ Knows their medications</li> <li>■ Knows about all health related interventions needed</li> </ul>
<i>Can this person direct and evaluate caregiver/PCA task accomplishments?</i>	<ul style="list-style-type: none"> <li>■ Ask person to describe how they communicate to their PCA what tasks to do</li> <li>■ Ask person to tell how they would tell their paid staff that they didn't like something they were doing</li> </ul>
<i>Can this person provide and/or arrange for their health and safety?</i>	<ul style="list-style-type: none"> <li>■ How would you get to a safe place in an emergency?</li> <li>■ Tell me how you could get help via the phone?</li> <li>■ How do you know when you need to make a doctor's appointment?</li> <li>■ What would you do if the PCA were verbally or physically abusive to you?</li> </ul>

## Section 2 - Diagnosis

Policy Statements	ICD-9-CM Codes are specific to the person's diagnosis and must be the most updated version.
Form Instructions	Indicate the ICD-9-CM Codes the form. Add comments if it is a new diagnosis, date of onset, exacerbation and severity.

### Resource for ICD-9-CM Codes (From the MHCP Provider Manual, Chapter 4)

ICD-9-CM (International Classification of Diseases, 9th Edition, Clinical Modification) Order by calling PMIC at (800) 633-7467, or INGENIX at (877) 464-3649 or [www.ingenixonline.com](http://www.ingenixonline.com). Files also available for download at <http://www.cdc.gov/nchs/icd9.htm>. Scroll to ICD-9-CM rich text files (.rtf) via FTP.

## Section 3 - Health Description

Legal Authority	MN Statutes, section 256B.0659, subdivision 3a
Definition	<b>Health description:</b> Documentation of the person's health status, including their overall health condition and ability to function in the community.
Policy Statements	The assessor completes the health description to indicate the person's: <ul style="list-style-type: none"> <li>■ Pertinent medical and health history</li> <li>■ Description of assessed needs for assistance</li> <li>■ Environmental observations</li> <li>■ Recommendations for service</li> </ul>
Form Instructions	Record the health description on the form. Include the above criteria along with any other information that is important about the person's health status.

## Section 4 - Medications

Legal Authority	MN Statutes, section 256B. 0659, subdivisions 1 (o) and 2 (c)(2)
Definition	<b>Self-administered medications:</b> Medication taken by mouth, by injection, insertion or applied topically without the need for assistance.
Policy Statements	<p>Assistance with medication includes:</p> <ul style="list-style-type: none"> <li>■ Reminders to take medication</li> <li>■ Bringing medication to the person</li> <li>■ Assistance with opening medication</li> </ul> <p>A PCA may provide assistance with medication as a health-related procedure task within the scope of the PCA service if directed by the:</p> <ul style="list-style-type: none"> <li>■ Person who can direct their own care</li> <li>■ Responsible party</li> </ul> <p>The registered nurse from the provider agency is responsible for the following tasks when a PCA assists with self-administered medication:</p> <ul style="list-style-type: none"> <li>■ Delegate the procedure/task</li> <li>■ Train the PCA</li> <li>■ Add to PCA care plan</li> <li>■ Supervise the procedure/task ongoing</li> </ul>
Policy Statements	<p>A PCA cannot do:</p> <ol style="list-style-type: none"> <li>1. Sterile procedures.</li> <li>2. Injections of fluids and medications into veins, muscles or skin.</li> <li>3. Assessments to determine need for medication or evaluate the effectiveness of the medication.</li> </ol>
Form Directions	List all medications including nebulizer meds, oxygen and PRN meds. Include the route, dosage and frequency even if the person does not need assistance with medications. Add an additional page if needed.
Best Practices	<p>During the assessment, the assessor may ask the person to get their medications to review and list on the form. The assessor may ask the person to explain about the medications, why and how they take them and how much help they need to pick them up at the pharmacy.</p> <p>Parents give medication to their minor child or ensure another caregiver gives the medication during the parent's absence. The parent is responsible to dispense, label it when to give and how best to give the medication. A parent is also expected to renew prescriptions and arrange to pick them up.</p>

## Section 5 - PCA Recommendations to DHS

Use instructions from DSD MMIS Reference guide ([www.dhs.state.mn.us/dsdmmis](http://www.dhs.state.mn.us/dsdmmis)).

Qualified Professional – 96 units/year. For more than 96 units, the agency will need to request from DHS.

## Section 6 - Complex Health-Related Needs

Legal Authority	MN Statutes, section 256B.0659, subdivision 4 (c)
Definition	<b>Complex health-related needs:</b> Interventions ordered by a physician and specified in a care plan. This category is used to determine the home care rating.
Policy Statements	Complex health-related need categories include the following: tube feedings, wounds, Parenteral/IV therapy, respiratory, catheter, bowel program, neurological interventions, other congenital or acquired diseases.

<b>Policy Statements</b>	<p>A Yes answer means the person has, at the time of assessment, one or more complex health-related needs that meet the categories and descriptions. The need is present.</p> <p>The assessment provides additional time to the base units for each complex health-related need (8 categories).</p> <p>The assessor does not need to verify the physician order for the complex health-related needs. A PCA may provide health related procedures and tasks associated with the complex health-related needs of a person if delegated, trained and in the scope of the PCA service. Find detailed policy in the PCA Portal.</p>
<b>Form Instructions</b>	<p>Indicate Yes, if the need is present or No if the person does not have this need.</p> <p>Add documentation with description of need.</p> <p>Indicate if the assessor observed the need or it was by report only.</p> <p>Add up all of the Yes answers. Add to the bottom of the table. Multiply by 30 minutes to determine the total additional time to add to the base time.</p>

Categories and descriptions of complex health-related needs	Guidelines/Intent Yes means:	Not considered Complex Health-Related Needs
<b>*Tube Feeding</b>		
<ul style="list-style-type: none"> <li>■ G/J Tube (Gastrojejunostomy)</li> </ul>	<ul style="list-style-type: none"> <li>■ Daily use or non-daily use</li> <li>■ Person may be able to eat orally</li> </ul>	<ul style="list-style-type: none"> <li>■ Any other type of gastric or nasal/gastric tube including Mic-Key tubes.</li> <li>■ Irrigation and/or venting of tubes</li> </ul>
<ul style="list-style-type: none"> <li>■ Continuous tube feeding lasting longer than 12 hours/day</li> </ul>	<ul style="list-style-type: none"> <li>■ Must be on a continuous basis over 12 or more hours</li> <li>■ Any type of gastric/or nasal/gastric tube</li> </ul>	<ul style="list-style-type: none"> <li>■ Tube feedings less than 12 hours</li> </ul>
<b>*Parenteral/IV Therapy</b>		
<ul style="list-style-type: none"> <li>■ IV therapy more than two times per week lasting longer than 4 hours for each treatment</li> </ul>	<ul style="list-style-type: none"> <li>■ In home or as an outpatient</li> <li>■ Includes dialysis</li> </ul>	<ul style="list-style-type: none"> <li>■ Presence of an indwelling port does not qualify</li> <li>■ Intermittent hydration due to electrolyte imbalance does not qualify unless it occurs more than 2 times/ week.</li> <li>■ IV medications unless it takes 4 hours or more 2 times/week</li> </ul>
<ul style="list-style-type: none"> <li>■ Total parenteral nutrition (TPN)</li> </ul>	<ul style="list-style-type: none"> <li>■ Must be occurring to be considered a Yes answer</li> </ul>	
<b>*Wounds</b>		
<ul style="list-style-type: none"> <li>■ Sterile or clean dressing changes or a wound vac</li> <li>■ Stage III or IV wounds</li> </ul>	<ul style="list-style-type: none"> <li>■ Medicare criteria - once a wound is classified as a Stage III or IV, it is always a Stage III or IV</li> </ul>	<ul style="list-style-type: none"> <li>■ Post burn care may not qualify for the additional 30 minutes depending on the stage of wound recovery and interventions needed</li> </ul>
<ul style="list-style-type: none"> <li>■ Multiple wounds</li> </ul>	<ul style="list-style-type: none"> <li>■ Multiple means there is more than one wound</li> </ul>	<ul style="list-style-type: none"> <li>■ Not preventive skin care</li> </ul>

Categories and descriptions of complex health-related needs	Guidelines/Intent Yes means:	Not considered Complex Health-Related Needs
<b>*Wounds</b>		
<ul style="list-style-type: none"> <li>■ Open lesions or sites that require specialized care such as burns, fistulas, tube sites or ostomy sites</li> </ul>	<ul style="list-style-type: none"> <li>■ Specialized care means physician-ordered regimen and/ or Wound Care Nurse protocols and visits</li> <li>■ Includes stasis wounds due to poor circulation</li> <li>■ Pressure ulcer not observed due to presence of eschar or a non-removable dressing, including casts</li> </ul>	
<b>*Respiratory Interventions</b>		
<ul style="list-style-type: none"> <li>■ Oxygen required more than 8 hours/day or night</li> </ul>	<ul style="list-style-type: none"> <li>■ Intent is this is a daily need</li> <li>■ Physician order for the daily oxygen with monitoring of oxygen saturation rate with needs for intervention</li> </ul>	<ul style="list-style-type: none"> <li>■ Intermittent or PRN need for oxygen</li> <li>■ Use of oxygen monitor or apnea monitor only</li> <li>■ Nebulizer treatments</li> </ul>
<ul style="list-style-type: none"> <li>■ Respiratory vest more than 1 time/day</li> <li>■ Bronchial drainage treatment more than 2 times/day</li> </ul>	<ul style="list-style-type: none"> <li>■ Vest is present in home with physician order for number of times per day</li> <li>■ Intent is this is required on a daily basis</li> </ul>	
<ul style="list-style-type: none"> <li>■ Sterile or clean suctioning more than 6 times/day</li> </ul>	<ul style="list-style-type: none"> <li>■ Intent is this is required on a daily basis</li> <li>■ Any type of oral/trach suctioning</li> </ul>	<ul style="list-style-type: none"> <li>■ 6 times or less/day</li> <li>■ Suctioning following neb treatment does not give a Yes unless it is daily and more than 6 times/day</li> </ul>
<ul style="list-style-type: none"> <li>■ Dependence on another to apply respiratory ventilation augmentation devices</li> </ul>	<ul style="list-style-type: none"> <li>■ Requires hands-on assistance to put the ventilation device on due to their disability or medical condition.</li> </ul>	<ul style="list-style-type: none"> <li>■ Remind person about the need to use a ventilation augmentation device</li> </ul>
<b>*Catheter Insertion and Maintenance</b>		
<ul style="list-style-type: none"> <li>■ Sterile catheter changes more than 1 time/month</li> </ul>	<ul style="list-style-type: none"> <li>■ Foley and Suprapubic catheters</li> </ul>	<ul style="list-style-type: none"> <li>■ Cannot predict the if the catheter comes out – not a yes</li> <li>■ External catheters</li> <li>■ Urostomy or nephrostomy are considered in the toileting ADL</li> </ul>
<ul style="list-style-type: none"> <li>■ Clean self-catheterization more than 6 times/day</li> </ul>	<ul style="list-style-type: none"> <li>■ Intent is this is required on a daily basis</li> <li>■ Must be a part of the daily routine at time of the assessment</li> </ul>	<ul style="list-style-type: none"> <li>■ Does not include external catheter</li> <li>■ Used as a treatment less than the 6 times/day</li> <li>■ Used as a short term need</li> </ul>

Categories and descriptions of complex health-related needs	Guidelines/Intent Yes means:	Not considered Complex Health-Related Needs
<b>*Catheter Insertion and Maintenance</b>		
<ul style="list-style-type: none"> <li>Bladder irrigations</li> </ul>	<ul style="list-style-type: none"> <li>Continuous Bladder Irrigation administration – to prevent blood clot formation; has a sterile task involved (Used post surgery)</li> </ul>	
<b>*Bowel Program</b>		
<ul style="list-style-type: none"> <li>Program completed more than 2 times/week requiring more than 30 minutes to complete</li> </ul>	<ul style="list-style-type: none"> <li>Specific to those who cannot eliminate bowels due to neurological issues – recognized term for people who have a need for an ongoing bowel management program and prescribed by physician</li> <li>Intent is to include those with spinal injuries, paralysis, neuro-injury and congenital diagnoses</li> </ul>	<ul style="list-style-type: none"> <li>PRN or daily need for laxatives, suppositories, enemas</li> <li>Colostomy and ileostomy care found in toileting ADL</li> </ul>
<b>*Neurological Intervention</b>		
<ul style="list-style-type: none"> <li>Seizures more than 2 times/week and requires significant physical assistance to maintain safety</li> </ul>	<ul style="list-style-type: none"> <li>Person who is experiencing a seizure requires <b>hands on assistance</b> to maintain safety before, during and after a seizure.</li> </ul>	<ul style="list-style-type: none"> <li>If seizure free for 1 year or more, even if on medications</li> </ul>
<ul style="list-style-type: none"> <li>Swallowing disorders diagnosed by a physician and requires specialized assistance from another on daily basis</li> </ul>	<p>Need for specialized assistance:</p> <ul style="list-style-type: none"> <li>Oral Stimulation Program</li> <li>Special diet including thickening agents due to swallowing disorder</li> <li>Could be congenital, neurological, trauma</li> </ul>	<p>Repaired cleft lip/palate will usually not qualify for this category as most repairs are completed by the time a child is 12 months of age</p> <p>Stand by assistance to observe for choking is part of Eating ADL</p>
<b>*Other Congenital or Acquired Diseases</b>		
<ul style="list-style-type: none"> <li>Creates need for significantly increased direct hands-on assistance and interventions in 6 to 8 ADLs.</li> </ul>	<ul style="list-style-type: none"> <li>Some examples: spinal stenosis, muscular dystrophy, multiple sclerosis, Cerebral Palsy, stroke, brain injury, end stages of cancer</li> </ul>	
	<ul style="list-style-type: none"> <li>Requires extensive or considerable hands-on assistance in ADLs</li> </ul>	

## Section 7 – Behaviors

Legal Authority	MN Statutes, sections 256B.0625, subdivision 19a and 256B.0659, subdivisions 1 (c), 4 (d)
Definitions – Used for Access	<p><b>Level I Behavior:</b> Physical aggression towards self, others, or destruction of property that requires the immediate response of another person.</p> <p><b>Immediate response</b> – Intervention required at the time of the behavior episode to prevent injury to self, others or property.</p> <p><b>Aggression:</b> Hostile violent behavior, assault or attack.</p>
Definitions – Used for Additional Time Determination	<p><b>4 Times per week</b> means that within the past 7 days, the behavior has occurred</p>
Policy Statements	<p>The assessment determines if the person:</p> <ul style="list-style-type: none"> <li>■ Meets the definition of Level I Behavior for Access to PCA services</li> <li>■ Meets the descriptions of behavior for Additional Time</li> <li>■ Has supports in place or if referrals are needed</li> </ul> <p>A person qualifies as having a need for assistance if the behavior requires assistance at least 4 times per week and shows one or more of the following behaviors as described:</p> <ul style="list-style-type: none"> <li>■ Increased vulnerability due to cognitive deficits or socially inappropriate behavior or</li> <li>■ Resistive to care, verbally aggressive or</li> <li>■ Physical aggression towards self, others or destruction of property that requires the immediate response of another person</li> </ul> <p>A person may receive the additional time if, in the past 7 days, the behavior has:</p> <ul style="list-style-type: none"> <li>■ Actually occurred 4 times or</li> <li>■ Been redirected and prevented through positive behavioral interventions at least 4 times</li> </ul> <p>Add an additional 30 minutes of time for each description of the person’s behavior to the home care rating base time.</p> <p>Document how the person’s behavior meets the behavior descriptions including the frequency and the results of the behavior.</p> <p>The policy for the assessment is to show or report evidence of the behaviors being described to the assessor. The assessor must document this information as observed or reported. Some examples could be:</p> <ol style="list-style-type: none"> <li>1. Unable to maintain in a daycare placement.</li> <li>2. Incident reports.</li> <li>3. Physical wounds.</li> <li>4. Insurance company claims.</li> <li>5. Crisis team visits.</li> <li>6. Property destruction.</li> <li>7. Out of home placement for treatment purposes.</li> <li>8. Positive Behavioral Intervention plan.</li> </ol> <p>The need for a 24-hour plan of care and supervision due to age is not considered a behavior. Behavior may be intentional or unintentional.</p> <p>Sibling rivalry/challenges are not considered a behavior for the assessment unless there is <b>evidence</b> that the child meets the Level I Behavior definition or one of the 3 descriptions of behavior.</p>



## Section 7 – Behaviors

### Form Instructions

Record information about the behaviors of the person to include:

- Description of the behavior
- Frequency/predictability
- Results of the behavior
- What helps the person when the behavior occurs
- Informal and formal supports in place to address the behavior issues
- Medications
- Physician or other mental health professional involvement

Indicate Yes if the person meets the description of the behavior in the Additional Time area.

Add up the total number of Yes answers and multiply by 30 minutes to determine the total time authorized for assistance with behaviors.

### Questions

1. Do you have any concerns or has anyone expressed concerns about your or your child's behavior at home, school or the community?
  - a. Description – what happens?
  - b. What are the triggers for the behavior?
  - c. What helps you or your child when the episode happens?
  - d. Who is helping you? (County worker, doctor, others)
  - e. What changes the behavior to a more appropriate or acceptable behavior?
2. Has any part of your or your child's life been affected by this behavior?
3. Tell me about the behaviors you or your child have experienced in the past week:
  - a. Description – what happens?

## Section 7 – Behaviors

The following information is taken from the LTCC document and included here for your information and comparison.

PCA Assessment Analysis	LTCC Analysis
Increased vulnerability due to <b>cognitive</b> deficits or socially inappropriate behavior	02 Needs and receives regular intervention in the form of redirection because the person has episodes of disorientation, hallucinates, wanders, is withdrawn or exhibits similar behaviors 03 Wandering into private areas 03 Acting in a sexually or socially offensive manner
<b>Resistive</b> to care, verbally abusive	03 Verbally abusing others
Physical <b>aggression</b> towards self, others or destruction of property	03 Removing or destroying property 04 Physically abusive to self and others

## LTCC analysis

1. Needs and receives occasional intervention in the form of cues or prompts because the person is anxious, irritable, lethargic or demanding.
2. Needs and receives regular intervention in the form of redirection because the person has episodes of disorientation, hallucinates, wanders, is withdrawn or exhibits similar behaviors.
3. Needs and receives behavior management and intervention because person exhibits disruptive behavior such as:
  - a. Verbally abusive to others
  - b. Wanders into private areas
  - c. Removes or destroys property
  - d. Acts in a sexually or socially offensive manner
4. Needs and receives behavior management and intervention because person is physically abusive to self or to others.

Section 8 - Activities of Daily Living	
Legal Authority	MN Statutes, section 256B.0659, subdivisions 1 (b), 2 , 4
Definition	<p><b>Activities of Daily Living (ADLs):</b> Refers to grooming, dressing, bathing, transferring, mobility, positioning, eating and toileting.</p> <p><b>Critical ADLs</b> include eating, transfers, mobility and toileting.</p> <p><b>Dependency:</b> A person is assessed as dependent in an activity of daily living based on the person's need, on a daily basis, for:</p> <ol style="list-style-type: none"> <li>1. Cuing and constant supervision to complete the task or</li> <li>2. Hands-on assistance to complete the task.</li> </ol> <p><b>Cuing:</b> Verbal step-by-step instructions to start and complete all steps of the task.</p> <p><b>Constant supervision:</b> Continued interaction and/or visibility to ensure person's safety and task completion.</p> <p><b>Hands-on assistance:</b> Help of another is required throughout the activity. The person may or may not be able to participate in the activity. Without the additional assistance, the ADL would not be started and completed.</p>
Policy Statements	<ol style="list-style-type: none"> <li>1. A person must meet the above definition of dependency.</li> <li>2. Length of time to complete the task does not determine a dependency</li> <li>3. Determine dependencies in children following the same policy as the LTCC Supplemental Form DHS 3428C. Dependencies are not given for age appropriate ADL needs. See Appendix B for Guide.</li> <li>4. The assessor collects information about the person and their health status without regard to how the PCA service may or may not be used.</li> <li>5. The person may choose not to complete the ADL daily. However, if they are dependent on the day they do the ADL, they are considered dependent for the results of the assessment process.</li> <li>6. Assistance with ADL tasks that are personal preferences and/or for convenience do not factor into assessing a person as dependent.</li> </ol>
Form Instructions	<p>Observe and document the person during the assessment process.</p> <p>For each ADL, the assessor must determine if the person meets the definition of dependency</p>

## Section 8 - Activities of Daily Living

Form Instructions	<p>Each ADL line has a place to indicate:</p> <ul style="list-style-type: none"> <li>■ Yes or No (this is a dependency)</li> <li>■ Description</li> <li>■ Observed or reported during the assessment</li> </ul> <p>Documentation must include how the person meets the definition of dependency. The Critical ADLs have an asterisk to the left of the name. See Appendix for Comparison of scoring of ADLS for LTCC, MASHA(old) and new PCA Assessment for additional guidance.</p>
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### Descriptions for the eight ADLS:

Dressing	Choosing, application, and changing of clothing and application of special appliances, wraps, or clothing.
Grooming/ Hygiene	Basic hair care, oral care, shaving, nail care, applying cosmetics and deodorant, and care of eyeglasses and hearing aids.
Bathing	Basic personal hygiene and skin care.
Eating	Hand washing and application of orthotics required for eating, transfers, and feeding/eating.
Transfers	Transferring from one seating or reclining area to another
Mobility	Ambulation, including use of a adaptive equipment (Mobility does not include providing transportation for a consumer).
Positioning	Positioning or turning for necessary care and comfort.
Toileting	Bowel or bladder elimination and care including transfers, mobility, positioning, feminine hygiene, use of toileting equipment or supplies, cleansing the perineal area, inspection of the skin, and adjusting clothing.

### Provider Operated Housing/Shared Services

Legal Authority	MN Statutes, section 256B.0659, subdivision 3(b)
Definition	<b>Provider owned or controlled housing:</b> Any setting where a person would have to move in order to change providers.
Policy Statements	<p>Beginning January 1, 2010, Medical Assistance no longer covers PCA services when the PCA provider agency owns or controls the living arrangements except for live in personal care assistants, family foster care where the consumer lives with the license holder, or unless related to the consumer by blood, marriage or adoption. Consumers currently in this housing situation can continue to receive services through August 10, 2010.</p> <p>Detailed policy and resources, including a briefcase resource document for assessors and information for consumers are available on the PCA Portal Provider Owned Or Controlled Housing.</p>
Form Instructions	<p>Indicate a:</p> <ul style="list-style-type: none"> <li>■ Y if the consumer is living in a provider controlled housing model</li> <li>■ N if the consumer is not living in a provider controlled housing model</li> <li>■ U if you are uncertain</li> </ul>

## Summary of PCA Assessment and Service Plan

Legal Authority	MN Statutes, section 256B.0659, subdivisions 5, 6
Definition	A written summary of the assessment and description of services needed by the person.
Policy Statements	<p>A signature on the form indicates a confirmation by the person or responsible party that the assessment was completed.</p> <p>A person does not lose their appeal rights by signing the form.</p>
Form Directions	<p><b>Access to PCA Services</b></p> <p>Indicate if the person:</p> <ul style="list-style-type: none"> <li>■ Qualifies for access to PCA services by checking ADL dependency and/or Level I Behavior</li> <li>■ Does not qualify for access to PCA service by checking they do not meet access criteria</li> </ul> <p><b>Assessed Needs</b></p> <p>Indicate one or more of the PCA service categories where the person needs assistance:</p> <ul style="list-style-type: none"> <li>■ Activities of Daily Living</li> <li>■ Behavior</li> <li>■ Complex Health-Related Needs</li> <li>■ Instrumental Activities of Daily Living (Non-covered service for minors 16 years of age or younger)</li> </ul> <p>PCA hours may be used flexibly over two 6-month periods unless a restricted recipient.</p> <p><b>Authorization Summary</b> (Resource Guide to Authorization of PCA Services <a href="http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_147191.pdf">http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs16_147191.pdf</a>)</p> <ol style="list-style-type: none"> <li>1. Indicate if the person is ventilator-dependent.</li> <li>2. Enter the Home Care Rating. See the PCA Decision Tree (<a href="http://edocs.dhs.state.mn.us/lfservlet/legacy/DHS-4201-ENG">http://edocs.dhs.state.mn.us/lfservlet/legacy/DHS-4201-ENG</a>).</li> <li>3. Enter PCA base time in units/day or minutes/day. Enter CSG base dollars in dollars/month.</li> <li>4. Enter additional PCA time in units/day or minutes/day. Enter additional CSG dollars in dollars/month.</li> <li>5. Total the base and additional amounts together. Enter the Total amount authorized for PCA services or CSG Budget.</li> </ol> <p><b>Overall Results Since Last Assessment</b></p> <ol style="list-style-type: none"> <li>1. Check if the authorization of PCA services is an initial assessment or same, increase, decrease or denial from the previous assessment.</li> <li>2. Check if the person chooses PCA Choice or Shared Service.</li> <li>3. Enter the time of assessment, In and Out.</li> </ol> <p>Review the four questions:</p> <ul style="list-style-type: none"> <li>■ Request responses of the person and/or responsible party</li> <li>■ Complete the assessor fields</li> </ul> <p><b>Signature section</b></p> <p>Obtain signatures of those attending the assessment.</p>

## Summary of PCA Assessment and Service Plan

### Interpreter (if required)

Complete the interpreter section if an interpreter is present at the assessment.

Enter the language used for interpretation.

Print, sign and enter the date.

## Recipient Referrals

### Policy Statements

Assessors must recommend referrals to other payers, programs or services that may meet assessed needs of the person more appropriately than PCA services.

Recipients must follow up to see if eligible for the programs and services recommended.

Check services the person is currently receiving. Check services recommended. Provide contact information.

If the recipient needs help, contact numbers are provided at the bottom of the referral page.

## Informational Resources for Wounds

### National Pressure Ulcer Advisory Panel

<http://www.npuap.org/resources.htm>

This site provides guidelines for assessment, prevention and treatment of pressure ulcers.

#### Pressure Ulcer Stages

STAGE 1	Nonblanchable erythema of intact skin; the heralding of skin ulceration. In darker-pigmented skin, warmth, edema, hardness, or discolored skin may be indicators.
STAGE 2	Partial thickness skin loss involving epidermis and/or dermis. The ulcer is superficial and presents clinically as an abrasion, blister, or shallow crater.
STAGE 3	Full-thickness skin loss involving damage or necrosis of subcutaneous tissue, which may extend down to, but not through, underlying fascia. The ulcer presents clinically as a deep crater with or without undermining of adjacent tissue.
STAGE 4	Full-thickness skin loss with extensive destruction, tissue necrosis, or damage to muscle, bone, or supporting structures.

## Determination of Age-Appropriate Dependencies for Children under Age 18 Years

ADLs	0-9 months	10-12 months	13-18 months	19-24 months	25-30 months	31-36 months	37-48 months	49-60 months	61 months to 18 yrs.
Dressing								Independent	Child is able to physically participate — Needs hands on assistance
								Intermittent supervision/reminders	
								Child needs no physical assistance- Needs cuing and constant supervision	
								Child is unable to physically participate; totally dependent — Hands-on assistance	
Grooming								Independent	Child is unable to physically participate; totally dependent — Hands-on Assistance
								Intermittent supervision/reminders	
								Child is physically able to participate — Needs cuing and constant supervision or hands on assistance	
								Child is unable to physically participate; totally dependent — Hands-on Assistance	
Bathing								Independent	Child is unable to physically participate; totally dependent — Needs hands-on assistance
								Intermittent supervision/reminders	
								Child needs help in and out of tub	
								Child needs no physical assistance — Needs cuing and constant supervision	
								Child is able to physically participate — Needs cuing and constant supervision and/or hands-on assistance	
								Child is unable to physically participate; totally dependent — Needs hands-on assistance	
Eating								Independent	Child is unable to physically participate; totally dependent — Needs hands-on assistance
								Intermittent supervision or reminders	
								Child needs constant supervision and/or assistance in setting up meals	
								Child can partially feed self — Needs hands-on assistance	
								Child is unable to physically participate; totally dependent — Needs hands-on assistance	
								Child requires tube feeding — Needs hands-on assistance	

ADLs	0-9 months	10-12 months	13-18 months	19-24 months	25-30 months	31-36 months	37-48 months	49-60 months	61 months to 18 yrs.
<b>Transfers</b>									Independent
									Intermittent supervision/ reminders
						Child is able to physically participate — Needs hands-on assistance			
				Child is unable to physically participate — Totally dependent — Needs total hands-on assistance					
	Child must be transferred using a mechanical device								
<b>Mobility</b>					Independent; ambulatory without device				
					Child can mobilize with assistance of a device; does not need personal assistance				
					Child mobile with assistance — Needs hands-on assistance (does not include supervision for safety of a child under age 5)				
				Child not mobile; totally dependent — Needs total hands-on assistance					
<b>Positioning</b>		Independent							
		Child able to position self — May need occasional assistance							
		Child is able to physically participate — Needs hands-on assistance							
		Child is unable to participate; totally dependent — Needs total hands-on assistance							
<b>Toileting</b>									Independent
									Child has occasional accidents — Needs cuing and constant supervision or hands-on assistance
								Child is incontinent and diapered; totally dependent — Hands-on assistance	
	Child has ostomy or urinary catheter — Needs hands-on assistance								

Shaded areas indicate child cannot be determined dependent in the ADL; white areas indicate the age a child may be assessed as dependent if they meet the PCA definition of dependency. The number of dependencies indicated is one of the factors to determine the home care rating using the PCA Decision Tree.



## Comparison of Scoring of ADLS for LTCC, Old Medical Assistance Health Status Assessment and 2009 PCA Program

This resource document compares the scoring of level of dependency for Activities of Daily Living (ADL) with the current LTCC, the old PCA MAHSA and the new definitions under the 2009 PCA Program. For each ADL there is a description and the scoring of ADLs from the three assessment tools. The scores and descriptions in **bold** with an asterisk\* are given a dependency rating.

### Dressing

Assistance with choosing, application and changing of clothing and application of special appliances, wraps or clothing. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of a dependency for dressing?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Can dress without help of any kind?	0 Independent/age appropriate	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
01 Need and get minimal supervision or reminding?	1 Intermittent supervision	
*02 Need some help or constant supervision to dress, physical help not needed?	*2 Constant supervision — Physical help not needed	*Person has a need on a daily basis for: <ul style="list-style-type: none"> <li>■ Cuing and constant supervision to complete the task or</li> <li>■ Hands-on assistance to complete the task</li> </ul>
*03 Need some physical help from another person to put your clothes on?	*3 Help of another — Person able to participate	
*04 Cannot dress yourself and somebody dresses you?	*4 Dependent on another — Person unable to participate	

### Grooming/Hygiene

Assistance with basic hair care, oral care, shaving, applying cosmetics and deodorant and basic nail care. Care of eyeglasses and hearing aids. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of a dependency for grooming?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Can comb your hair, wash your face, shave or brush your teeth without help of any kind?	0 Independent/age appropriate	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
01 Need intermittent supervision or reminding or grooming activities?	1 Intermittent supervision-Does not need physical presence at all times	
*02 Needs constant supervision or daily help from another person?	*2 Constant supervision — Physical help not needed	*Person has a need on a daily basis for: <ul style="list-style-type: none"> <li>■ Cuing and constant supervision to complete the task or</li> <li>■ Hands-on assistance to complete the task</li> </ul>
*03 Are completely groomed by somebody else?	*3 Help of another — person able to participate	
	*4 Dependent on another — person unable to participate	

## Bathing

Assistance with basic personal hygiene and skin care including starting and completing the steps of a bath or shower. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of dependency for bathing?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
01 Need minimal supervision or reminding? 02 Need constant supervision only? 03 Need help getting in and out of the tub?	0 Independent or age appropriate 1 Intermittent supervision — Does not need physical presence of another 2 Assistance of another — Help in/out of tub, assist with difficult areas	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*04 Need and get help of another, able to participate in washing and drying your body? *05 Cannot bathe or shower, need complete help?	*3 Constant supervision — Person able to participate *4 Help of another — Person able to participate *5 Dependence on another — Person unable to participate	*Person has a need on a daily basis for: ■ Cuing and constant supervision to complete the task or ■ Hands-on assistance to complete the task

## Eating

Assistance needed to complete the process of eating. Includes assistance with hand washing and application of orthotics required for eating. Includes supervision related to chewing/swallowing issues, choking and monitoring intake. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of dependency for eating?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Can eat without help of any kind? 01 Need minimal reminding or supervision?	0 Independent or age appropriate 1 Intermittent supervision/ Reminders	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*02 Need help in cutting food, buttering bread or arranging food or constant supervision? *03 Need some personal help with feeding or someone needs to be sure that you don't choke? *04 Need to be fed completely or tube feeding or IV feeding?	*2 Constant supervision — Cut meat, arrange food *3 Help of another — Person able to participate; needs observation for choking *4 Dependent/Tube feeding — Person unable to participate	*Person has a need on a daily basis for: ■ Cuing and constant supervision to complete the task or ■ Hands-on assistance to complete the task

## Transfers

Assistance with transferring the recipient from one seating or reclining area to another. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of dependency for transfers?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Can get in and out of bed or chair without help of any kind? 01 Need somebody to be there to guide you but you can move in and out of a bed or chair?	1 Intermittent supervision 2 Help of another — Person able to participate	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*02 Need one other person to help you? *03 Need two other people or a mechanical aid to help you? *04 Never get out of a bed or chair?	*2 Help of another — Person able to participate *3 Physical assistance of another — Person unable to participate *4 Dependent on another — Transferred with mechanical device	*Person has a need on a daily basis for: <ul style="list-style-type: none"> <li>■ Cuing and constant supervision to complete the task or</li> <li>■ Hands-on assistance to complete the task</li> </ul>

## Mobility

Assistance needed with ambulation, including use of a wheelchair. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of dependency for mobility?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Walk without help of any kind? 01 Can walk with help of a cane, walker, crutch or push wheelchair? 02 Need help from one person to help you walk?	0 Independent or age appropriate 1 Independent with device	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*03 Need help from two people to help you walk? *04 Cannot walk at all?	*2 Intermittent help of another *3 Constant assistance from another	*Person has a need on a daily basis for: <ul style="list-style-type: none"> <li>■ Cuing and constant supervision to complete the task or</li> <li>■ Hands-on assistance to complete the task</li> </ul>

## Positioning

Assistance with positioning or turning a person for necessary care and comfort. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of dependency for positioning?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Can move in bed without any help? 01 Need help sometimes to sit up?	0 Independent or age appropriate 1 Intermittent assist	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*02 Always need help to sit up? *03 Always need help to be turned or change positions or person unable to help?	*2 Help of another — Person able to participate *3 Dependant — Person unable to participate	*Person has a need on a daily basis for: <ul style="list-style-type: none"> <li>■ Cuing and constant supervision to complete the task or</li> <li>■ Hands-on assistance to complete the task</li> </ul>

## Toileting

Assistance with bowel or bladder elimination and care including transfers, mobility, positioning, feminine hygiene, use of toileting equipment and supplies, cleansing the perineal area, infection of the skin and adjusting clothing. Considerations include person's challenges due to their diagnosis or health status.

**Determination during the assessment:** Does the person meet the definition of dependency for toileting?

LTCC – Current	Old PCA (MAHSA)	2009 PCA Program
00 Can use the toilet without help, including adjusting clothing?	0 Independent or age appropriate	Requires minimal assistance that does not meet the definition of a dependency. PCA may provide assistance to meet minimal needs.
*01 Need some help to get to and on the toilet? *02 Have accidents sometimes, but not more than once a week? *03 Only have accidents at night? *04 Have accidents more than once a week? *05 Have bowel movements in your clothes more than once a week? *06 Wet your pants and have bowel movements in your clothes very often?	*1 Intermittent supervision *2 Intermittent assist *3 Assist with bowel/bladder program or appliance *4 Needs physical assistance *5 Dependent	*Person has a need on a daily basis for: <ul style="list-style-type: none"> <li>■ Cuing and constant supervision to complete the task or</li> <li>■ Hands-on assistance to complete the task</li> </ul>