



Personal Care Attendant (PCA) Consumer Assessment

Consumer Name: _____ Consumer DOB: _____

Consumer Phone: _____

Consumer Email: _____

Consumer Home Address: _____

Assessor Name/Title: _____ Date of Assessment: _____

Type of Consumer Assessment	
<input type="checkbox"/> Initial Assessment	<input type="checkbox"/> Change in Condition
<input type="checkbox"/> Annual Reassessment	<input type="checkbox"/> Difficulty Managing PCA Services
<input type="checkbox"/> Upon Request of EOHHS	<input type="checkbox"/> Other (Please describe.)

Instructions

This form is called the “Consumer Assessment to Manage PCA Services,” or the “Consumer Assessment.” MassHealth requires Personal Care Management (PCM) agencies to complete a Consumer Assessment for every Consumer who applies for, or is approved for, Personal Care Attendant (PCA) services. **If you are a PCA Consumer, this form will be used to determine if you can manage your PCA services independently.**

Your PCM agency must complete this form at least once per year, during your annual skills training visit. Your PCM agency may also conduct a Consumer Assessment *at any time*, if:

- your medical, cognitive, or emotional condition changes in a way that affects your ability to manage PCA services independently;
- you are not managing the PCA program effectively, which could include (but is not limited to):
 - you regularly use more PCA hours than MassHealth has authorized;
 - you schedule your PCA to perform tasks that are not authorized by MassHealth;
 - you do not communicate with your PCM agency; or
 - you fail to follow the program rules.
- MassHealth asks your PCM to conduct a Consumer Assessment.

When completing this form, your PCM agency must summarize your response to each required question. After filling out each required question, your PCM agency will determine if you are able to manage your PCA services independently.

Your PCM will select from one of these three options:

- You are willing and able to manage PCA services independently;
- You are able to manage PCA services independently, but you prefer the assistance of a Surrogate or Administrative Proxy; or
- You require the assistance of a Surrogate or Administrative Proxy to manage your PCA services.

1 Guardianship Status

Please check the appropriate box below.

Section	Adult / No Guardian	Is Minor Child*	Has Legal Guardian*
Guardianship Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***If Minor Child or Legal Guardian is checked for either question above, a Surrogate is required and no assessment is necessary.** Please complete the information below and go to Assessment Summary at the end of this document.

- Name of parent or court-appointed legal guardian: _____
- Describe evidence of guardianship: _____

2 Review of Previous Assessment

1. Consumer Assessment History (please check only one):

- ☐ The Consumer is new to the program and is receiving an Initial Assessment. **If checked, please skip the remainder of Section 2 and continue to Section 3.**
- ☐ The last assessment indicated that the Consumer can independently manage PCA services.
- ☐ The last assessment indicated that the Consumer can independently manage PCA services, but prefers the assistance of a Surrogate or Administrative Proxy.
- ☐ The last assessment indicated that the Consumer requires the use of a Surrogate or Administrative Proxy to manage PCA services. **If checked, please skip the remainder of Section 2 and continue to Section 3.**

2. Since the last assessment, has the Consumer had issues with any of the following? (Please check any that apply.)

Topic	Answer
Hiring, firing, retaining, and maintaining a working relationship with PCAs	<input type="checkbox"/>
Overutilizing PCA hours	<input type="checkbox"/>
Requesting authorization for overtime hours	<input type="checkbox"/>
Responding to communications from the PCM and Fiscal Intermediary	<input type="checkbox"/>
Billing while in a hospital or long-term care facility	<input type="checkbox"/>
Completing and submitting activity sheets in a timely and accurate manner	<input type="checkbox"/>
Following other rules of the PCA program	<input type="checkbox"/>
Utilizing the EVV system	<input type="checkbox"/>

3. Please use the space below to describe all items checked in Question 2. Please also include any additional notes or observations.

Based on the responses in Section 2, the Consumer:☐ **Manages Independently**

Responses indicate the Consumer has the ability to manage PCA services independently.

☐ **Prefers Assistance**

Responses indicate the Consumer prefers assistance, despite having the ability to manage PCA services.

☐ **Requires Assistance**

Responses indicate the Consumer does not have the ability to manage PCA services independently.

3 Decision Making and Knowledge of Care Needs

1. Please indicate whether the Consumer is able to clearly describe the following topics:

Topic	Answer
The Consumer can clearly describe their disability and related conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Consumer can clearly describe their daily personal care needs and preferences.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Consumer can clearly describe the use and maintenance of their assistive devices, as required for their personal care (please select "N/A" if not applicable).	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The Consumer can clearly describe how they manage their medications / medication needs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Consumer can clearly describe what they would do in the event of an emergency in their home.	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please use the space below to describe all items marked "No" in Question 1, if additional context is needed. Please also include any additional notes or observations.

Based on the responses in Section 3, the Consumer:☐ **Manages Independently**

Responses indicate the Consumer has the ability to manage PCA services independently.

☐ **Prefers Assistance**

Responses indicate the Consumer prefers assistance, despite having the ability to manage PCA services.

☐ **Requires Assistance**

Responses indicate the Consumer does not have the ability to manage PCA services independently.

4 Ability to Employ PCAs

1. Please indicate the Consumer's response to the following questions:

Topic	Answer
Does the Consumer currently direct their own personal care services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the Consumer have the ability to self-direct their personal care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Consumer have the ability to manage employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can the Consumer clearly describe how they would recruit, hire, schedule, and direct PCAs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please indicate whether the Consumer is able to describe how they would respond to the following scenarios:

Note: Please check "Yes" if the Consumer's response is satisfactory; check "No" if the Consumer's response is not satisfactory.

Scenario	Satisfactory?
A PCA has been hard to get in touch with and has shown up late 3 times in the last week.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The Consumer must terminate a PCA's employment due to poor performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The PCA needs to request medical leave.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The PCA refuses to use EVV.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

3. Please use the space below to describe all items marked "No" in Question 2, if additional context is needed.

Please also include any additional notes or observations.

Based on the responses in Section 4, the Consumer:		
<input type="checkbox"/> Manages Independently Responses indicate the Consumer has the ability to manage PCA services independently.	<input type="checkbox"/> Prefers Assistance Responses indicate the Consumer prefers assistance, despite having the ability to manage PCA services.	<input type="checkbox"/> Requires Assistance Responses indicate the Consumer does not have the ability to manage PCA services independently.

5 Administrative Employer Tasks

1. Please indicate whether the Consumer is able to clearly describe how to complete the following tasks:

Task	Answer
Paying utilities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Scheduling appointments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing finances (Note: Check "Yes" if Consumer has a rep. payee.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completing MassHealth recertification	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reviewing and submitting timesheets in a timely manner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Completing other PCA-related paperwork (such as hiring packets, overtime requests, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please use the space below to describe all items marked "No" in Question 1, if additional context is needed.

Please also include any additional notes or observations.

Based on the responses in Section 5, the Consumer:		
<input type="checkbox"/> Manages Independently Responses indicate the Consumer has the ability to manage PCA services independently.	<input type="checkbox"/> Prefers Assistance Responses indicate the Consumer prefers assistance, despite having the ability to manage PCA services.	<input type="checkbox"/> Requires Assistance Responses indicate the Consumer does not have the ability to manage PCA services independently.

6 Communication

1. Please indicate the answer to the following questions, based on the assessor's observations.

Topic	Answer
Does the Consumer understand and respond appropriately to questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Consumer able to express themselves independently, without deferring to someone else?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please use the space below to describe all items marked "No" in Question 1, if additional context is needed. Also describe any potential barriers to the Consumer's ability to communicate with PCAs, the PCM agency, the FI, MassHealth, etc. and how these barriers are managed.

Note: If appropriate, please indicate if the Consumer has a plan to overcome communication barriers.

Based on the responses in Section 6, the Consumer:

<input type="checkbox"/> Manages Independently Responses indicate the Consumer has the ability to manage PCA services independently.	<input type="checkbox"/> Prefers Assistance Responses indicate the Consumer prefers assistance, despite having the ability to manage PCA services.	<input type="checkbox"/> Requires Assistance Responses indicate the Consumer does not have the ability to manage PCA services independently.
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Assessment Summary

Please select an appropriate outcome using the summary below. If "Requires Assistance" is checked for Sections 2, 3, 4, and/or 6, the Consumer requires the assistance of a Surrogate. If "Requires Assistance" is checked for Section 5 ONLY, the Consumer requires the assistance of an Administrative Proxy, but not a Surrogate.

Section	Adult / No Guardian	Is Minor Child	Has Legal Guardian
1. Guardianship Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section	Manages Independently	Prefers Assistance	Requires Assistance
1. Review of Previous Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Decision Making and Knowledge of Care Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Ability to Employ PCAs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Administrative Employer Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assessment Summary

- ☐ The Consumer is willing and able to manage PCA services independently.
-
- ☐ The Consumer is able to manage PCA services independently, but **prefers** the assistance of a
☐ Surrogate ☐ Administrative Proxy.
-
- ☐ The Consumer **requires** the assistance of a ☐ Surrogate ☐ Administrative Proxy
-

Signatures and Attestation

1. Consumer / Legal Guardian Attestation:

- My ability to manage the PCA program has been assessed in person. I have reviewed and understand the results of this assessment as explained by my skills trainer. ☐ Yes ☐ No
- I agree with the results of this assessment. ☐ Yes ☐ No

By signing below, I attest that the information I have provided in this assessment is true and accurate to the best of my knowledge.

Signature of Consumer or Legal Guardian*

Date

Printed Name

2. Assessor Attestation:

By signing below, I attest that I have assessed this Consumer's ability to manage the PCA program.

Signature of Assessor

Date

Printed Name and Title