**Personal Care Attendant (PCA) Consumer Assessment**

Date Reviewed:

Consumer Name:  
Consumer DOB:

Consumer Phone:  
Consumer Email:

Consumer Home Address:

Assessor Name/Title:

Date of Assessment

## Type of Consumer Assessment

Initial Assessment

Change in Condition

Annual Reassessment

Difficulty Managing PCA Services

Upon Request of EOHHS

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
  + vou 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

Guardianship Status

Adult/No Guardian

Is Minor Child\*

Has Legal Guardian\*

**\*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.

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

Topic

Hiring, firing, retaining, and maintaining a working relationship with PCAs

Answer

Topic

Overutilizing PCA hours

Answer

Topic

Requesting authorization for overtime hours

Answer

Topic

Responding to communications from the PCM and Fiscal Intermediary

Answer

Topic

Billing while in a hospital or long-term care facility

Answer

Topic

Completing and submitting activity sheets in a timely and accurate manner

Answer

Topic

Following other rules of the PCA program

Answer

Topic

Utilizing the EVV system

Answer

1. **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 of Needs

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

Topic

The Consumer can clearly describe their disability and related conditions.

Answer

Yes

No

Topic

The Consumer can clearly describe their daily personal care needs and preferences.

Answer

Yes

No

Topic

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).

Answer

Yes

No

Topic

The Consumer can clearly describe how they manage their medications / medication needs.

Answer

Yes

No

Topic

The Consumer can clearly describe what they would do in the event of an emergency in their home.

Answer

Yes

No

1. **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 service independently.

## 4. Ability to Employ PCAs

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

Topic

Does the Consumer currently direct their own personal care services?

Answer

Yes

No

N/A

Topic

Does the Consumer have the ability to self-direct their personal care?

Answer

Yes

No

Topic

Does the Consumer have the ability to manage employees?

Answer

Yes

No

Topic

Can the Consumer clearly describe how they would recruit, hire, schedule, and direct PCAs?

Answer

Yes

No

1. **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

A PCA has been hard to get in touch with and has shown up late 3 times in the last week.

Satisfactory

Yes

No

Scenario

The Consumer must terminate a PCA’s employment due to poor performance.

Satisfactory

Yes

No

Scenario

The PCA needs to request medical leave.

Satisfactory

Yes

No

Scenario

The PCA refuses to use EVV.

Satisfactory

Yes

No

N/A

1. **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:

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.

## 5. Administrative Employer Tasks

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

Task

Paying utilities

Answer

Yes

No

Task

Scheduling appointments

Answer

Yes

No

Task

Managing finances (Note: Check “Yes” if Consumer has a rep. payee.)

Answer

Yes

No

Task

Completing MassHealth recertification

Answer

Yes

No

Task

Reviewing and submitting timesheets in a timely manner

Answer

Yes

No

Task

Completing other PCA-related paperwork (such as hiring packets, overtime requests, etc.)

Answer

Yes

No

1. **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:

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.

## 6. Communication

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

Topic

Does the Consumer understand and respond appropriately to questions?

Answer

Yes

No

Topic

Is the Consumer able to express themselves independently, without deferring to someone else?

Answer

Yes

No

1. **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:

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.

## 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

1. Guardianship Status

Adult/No Guardian

Is Minor Child

Has Legal Guardian

Section

1. Review of Previous Assessment Adult/No Guardian

Manages Independently

Prefers Assistance

Requires Assistance

Section

2. Decision Making and Knowledge of Care Needs

Manages Independently

Prefers Assistance

Requires Assistance

Section

3. Ability to Employ PCAs

Manages Independently

Prefers Assistance

Requires Assistance

Section

4. Administrative Employer Tasks

Manages Independently

Prefers Assistance

Requires Assistance

Section

5. Communication

Manages Independently

Prefers Assistance

Requires Assistance

## Assessment Results

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

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

1. 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

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