**Personal Care Attendant (PCA) Surrogate/AP Assessment**

Date Reviewed:

Consumer Name:
Consumer DOB:

Assessor Name/Title:

Date of Assessment:

## Potential Role of Candidate

Surrogate

Administrative Proxy (AP)

## Type of Surrogate/AP Assessment

Initial Assessment

Requested by EOHHS

Annual Reassessment

Other (Please describe.)

Difficulty Managing Services (Requested by PCM)

Candidate Name:
Candidate DOB:

Candidate Phone:
Candidate Email:

Candidate Home Address:

## Instructions

This form is called the “Surrogate/Administrative Proxy Assessment to Manage PCA Services,” or the “Surrogate/AP Assessment.” MassHealth requires Personal Care Management (PCM) agencies to complete a Surrogate/AP Assessment for all active Surrogates and Administrative Proxies (APs), plus any individuals who are seeking to serve as a new Surrogate or AP. The Surrogate/AP assessment is used to determine if an individual (described in this form as “Candidate”) has the ability to manage Personal Care attendant (PCA) services on behalf of a PCA Consumer.

For new Surrogates and APs, this assessment must be completed face-to-face within 30 days of the Consumer’s completed Consumer Assessment to Manage PCA Services. For currently active Surrogates and APs, this assessment must be completed face-to-face at least once per year, during the Consumer’s annual skills training visit. The Consumer’s PCM agency may also conduct a Surrogate/AP Assessment at any time, if:

* the Surrogate is not managing the PCA program effectively, which could include (but is not limited to):
* regularly using more PCA hours than MassHealth has authorized;
* scheduling PCAs to perform tasks that are not authorized by MassHealth;
* failing to communicate with PCM agency staff; or
* failing to follow the program rules;
* the AP is not managing the administrative functions of the PCA program effectively; or
* MassHealth asks the PCM agency to conduct a Surrogate/AP Assessment.

##  1. Review Since Last Assessment

1. **Candidate Status** *(please check only one)*:

The Candidate is NOT currently serving as a Surrogate/AP for the Consumer, and is receiving an Initial Assessment. If checked, please skip the remainder of Section 1 and continue to Section 2.

The Candidate is currently serving as the Consumer’s Surrogate or AP, and is receiving a reassessment.

1. **Candidate performance since the last assessment:**

Note: N/A should only be used if the Candidate was not responsible for the responsibility listed below.

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Utilizing the correct number of PCA hours

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Responding to communications from the PCM agency and/or Fiscal intermediary (FI)

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Scheduling a PCA to perform noncovered services (such as while the Consumer was in an inpatient or nursing facility)

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

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

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Completing overtime authorizations, as needed

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Completing and submitting timely and accurate activity forms (or “timesheets”)

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Filling out paperwork correctly and timely, as required by the program

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Utilizing EVV System

Answer

Yes

No

N/A

Since the last assessment, has the Candidate successfully complied with the following responsibilities?

Following other rules of the PCA program

Answer

Yes

No

N/A

1. **For all items marked “No” above, please explain in the space below if additional context is needed. (If answered “no,” also describe what steps were taken to address the issue at the time, and whether it is still a current issue.)**

Based on the responses in Section 1, the Candidate:

DOES have the ability to manage the Consumer’s PCA services.

DOES NOT have the ability to manage the Consumer’s PCA services.

## 2. Prior Surrogate/AP Experience

1. **Please answer the following questions.**

Question

Is the Candidate currently a Consumer with the MassHealth PCA program?

Answer

Yes

No

Question

If yes, does the Candidate have a Surrogate?

Answer

Yes

No

N/A

Question

If yes, does the Candidate have an AP?

Answer

Yes

No

N/A

Question

Has the Candidate ever been a Surrogate or AP for another MassHealth PCA Consumer?

Answer

Yes

No

Question

If yes, is the Candidate currently serving as a Surrogate or AP for a different MassHealth PCA Consumer?

Answer

Yes

No

N/A

Question

If yes, has the Candidate ever been removed as a Surrogate or AP for failure or inability to manage PCA services on behalf of a Consumer? (If yes, describe below.)

Answer

Yes

No

N/A

1. **Please use the space below for any notes or observations.**

Based on the responses in Section 2, the Candidate:

DOES have the ability to manage the Consumer’s PCA services.

DOES NOT have the ability to manage the Consumer’s PCA services.

## 3. Relationship With Consumer

1. **What is the Candidate’s relationship to the Consumer?**

Family member

Partner/Significant Other

Friend

Other (please explain)

Notes

1. **How close does the Candidate live to the Consumer? (Please check ONLY one.)**

It takes the Candidate fewer than 30 minutes to get from their home to the Consumer’s home.

It takes the Candidate 30 minutes – 1 hour to get from their home to the Consumer’s home.

It takes the Candidate more than 1 hour to get from their home to the Consumer’s home

1. **How frequently does the Candidate visit the Consumer in person? (Please check ONLY one.)**

At least once per day

At least once per week

At least once per month

At least once per year

Other (please explain below)

1. **How does the Candidate usually communicate with the Consumer?**

Face-to-face

Telephone

Email

Other (please explain below)

1. **Can the Candidate clearly describe the Consumer’s personal care needs?**

Yes

No

N/A

1. **Please use the space below for any notes or observations.**

Based on the responses in Section 3, the Candidate:

DOES have the ability to manage the Consumer’s PCA services.

DOES NOT have the ability to manage the Consumer’s PCA services.

## 4. PCA Program Knowledge and Experience

1. **Please answer the following questions.**

Question

Can the Candidate clearly describe the PCA program?

Answer

Yes

No

Question

Does the Candidate understand that Surrogate or AP roles are not paid positions?

Answer

Yes

No

Question

Does the Candidate understand that they cannot work as the Consumer’s PCA while serving as that Consumer’s Surrogate or AP?

Answer

Yes

No

Question

Is the Candidate able to hire, fire, and manage employees?

Answer

Yes

No

1. **Please indicate whether the Candidate is able to describe how they would respond to the following scenarios.**

Note: Please check “Yes” if the Candidate’s response is satisfactory; check “No” if the Candidate’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

N/A

Scenario

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

Satisfactory?

Yes

No

N/A

Scenario

The PCA needs to request medical leave.

Satisfactory?

Yes

No

N/A

Scenario

The PCA refuses to use EVV.

Satisfactory?

Yes

No

N/A

1. **Willingness to learn:**

Question

Is the Candidate willing to learn the management of the Consumer’s personal care needs?

Answer

Yes

No

N/A

1. **Please describe in the space below all items marked “No” in the questions above, if additional context is needed. Please also include any additional notes or observations.**

Based on the responses in Section 4, the Candidate:

DOES have the ability to manage the Consumer’s PCA services.

DOES NOT have the ability to manage the Consumer’s PCA services.

## 5. Finances

1. **Please answer the following questions.**

Question

Can the Candidate clearly describe how they manage their own finances?

Answer

Yes

No

Question

Is the candidate able to manage their finances independently?

Answer

Yes

No

Question

Does the Candidate have a rep payee?

Answer

Yes

No

1. **Please describe in the space below all items marked “No” in the question above, if additional context is needed. Please also include any additional notes or observations.**

Based on the responses in Section 5, the Candidate:

DOES have the ability to manage the Consumer’s PCA services.

DOES NOT have the ability to manage the Consumer’s PCA services.

## Candidate Attestation and Signature

By signing below, I agree to the following:

1. If I become the Consumer’s Surrogate, I agree to attend the following sessions in-person:

a. All Intake and Orientation sessions

b. An Initial Evaluation for PCA services (if the Consumer is new to the PCA program)

c. All annual Reevaluations and annual Functional Skills Training visits

d. All Quarterly Functional Skills Training the first year, and Yearly Functional Skills Training thereafter

e. All meetings regarding the management of the Consumer’s PCA services, and as requested by MassHealth, the Personal Care Management (PCM) agency, and/or the Fiscal Intermediary (FI)

 2. If I become the Consumer’s Administrative Proxy (AP), I agree to attend the following sessions in-person:

a. All Intake and Orientation sessions related to administrative tasks;

b. All Functional Skills Training sessions related to administrative tasks; and

c. All meetings as needed to support the administrative tasks of the Consumer’s PCA services, and as requested by MassHealth, the Personal Care Management (PCM) agency, and/or the Fiscal Intermediary (FI).

3. I can and will be present during all of the above in-person sessions. I will respond to all requests from MassHealth, the PCM agency, and the FI. If my contact information changes, I will update my information with the PCM agency immediately.

4. I understand that MassHealth will not pay me for my services as a Surrogate or AP. I also understand that I cannot be paid as the Consumer’s PCA while I am serving as the Surrogate or AP.

5. The PCM agency has the right to deny my request to become a Surrogate or AP. The Consumer’s Personal Care Management (PCM) agency has the right to terminate my role as a Surrogate or AP if I am not fulfilling my responsibilities.

6. The information I have provided in this assessment is true to the best of my knowledge, and I agree to follow all of the rules of the PCA program if I am selected as the Consumer’s Surrogate or AP.

**Results of Assessment**

Candidate DOES have the ability to manage the Consumer’s PCA services

Candidate DOES NOT have the ability to manage the Consumer’s PCA services

Additional notes from Assessor:

Assessor Attestation:

By signing below, I attest that I have assessed the Candidate’s ability to manage the PCA program.

Signature of Assessor

Printed Name and Title

Date

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

PCA-AP-1 (Rev 12-23)