

PERSONAL CARE ASSISTANCE (PCA) PROGRAM



Consumer Guidebook



Minnesota Department of **Human Services**

Disability Services Division

This guidebook is written to provide more information about Minnesota's Personal Care Assistance (PCA) program and the many options you have. We strive for a consumer-directed service model so YOU make decisions about your PCA services. We have included sections in this guidebook that will help you develop skills and provide you with resources to take more control of these important services that allow you to live independently in the community. As with any public program, there will be changes to rules, regulations and policies, but the information in this guidebook is current as of September 2005.

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*This guidebook was developed in collaboration with the Centers
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*2001 Real Choice Systems Change Grant — Consumer-Directed Personal
Assistance Services and Supports and the Medicaid Infrastructure Grant.*

This information is available in other forms to people with disabilities by contacting us at (651) 431-2400 (voice) or toll free at (800) 747-5484. TTY/TDD users can call the Minnesota Relay at 711 or (800) 627-3529. For the Speech-to-Speech Relay, call (877) 627-3848.

Part 1:

PERSONAL CARE ASSISTANCE (PCA) PROGRAM



Description of Personal Care Assistance

Minnesota's Personal Care Assistance (PCA) program, referred to as Personal Assistant Services (PAS) in many other states, is designed to support people of all ages with disabilities to live independently in the community. Personal Care Assistants (PCAs) provide services to people who need help with activities of daily living, instrumental activities of daily living and health-related functions. PCA services may be provided through hands-on assistance, supervision, cueing, redirection and intervention for behavior including observation and monitoring.

The PCA program provides support to:

- People with disabilities of all ages
- The elderly (over 65)
- People with chronic health conditions

Eligibility for Personal Care Assistance

There are three basic requirements to be eligible for PCA services. They are:

1. You must be eligible for or receiving Medical Assistance (MA) or Minnesota Care Expanded benefits (for pregnant women or children under age 21) or be eligible for the Alternative Care program for qualifying seniors.
2. You must have a doctor's statement of need every year, or if there are changes in your care needs.
3. You are able to make decisions about your care or have a person or **Responsible Party** who can make decisions about your care for you.

PCA services are NOT available to:

- General Assistance Medical Care (GAMC) consumers

- Adults enrolled in MinnesotaCare *except for pregnant women*

A Responsible Party must actively participate in the planning and directing of your PCA services. Your Responsible Party cannot be your PCA. Requirements include:

- Be at least 18 years old
- Is available to you and your PCA
- Monitor cares at least once a week and
- Attend the assessment

Qualifying for Medical Assistance

More than 400,000 Minnesotans receive health care coverage through Medical Assistance (MA) — Minnesota's Medicaid program. MA provides necessary medical services for low income families, children, pregnant women, and people who are elderly (65 or older) or have disabilities.

General requirements for all Medical Assistance in Minnesota include:

- Asset limits and minimum income guidelines
- Minnesota residency
- U.S. citizen or status as a "qualified" non-citizen

For more information, contact your county financial worker or review the information on the DHS Web site at:

<http://edocs.dhs.state.mn.us/lfserver/Legacy/DM-0005-ENG>

Medical Assistance for Employed Persons With Disabilities (MA-EPD)

This program promotes competitive employment and economic self-sufficiency of people with disabilities by assuring continued access to Medical Assistance for necessary health care services.

MA-EPD allows **working people** with disabilities to qualify for MA under higher income and asset limits than regular MA. The goal of the program is to encourage people with disabilities to work and enjoy the benefits of being employed.

Additional eligibility requirements for MA-EPD include:

- Being certified disabled by either the Social Security Administration or the State Medical Review Team
- Between age 16 and 65 years of age
- Being employed
- Being ineligible for MA under other, more beneficial categories
- Meeting the asset limit
- Paying a premium

In MA-EPD, your income determines the amount of monthly premium paid to remain active on the program. For more information, contact your county financial worker or review the information on the DHS Web site at:

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/dhs_id_004088.hcsp

TEFRA (Tax Equity and Fiscal Responsibility Act)

This is a federal program for children with disabilities who live with their families and allows the child to qualify for Medical Assistance without regard to the income of their parents. There may be a **parental fee payment** for TEFRA. For more information, contact your county financial worker or review the information on the DHS Web site at:

http://www.dhs.state.mn.us/main/groups/healthcare/documents/pub/dhs_id_007117.hcsp

To qualify for TEFRA, the child must be:

- Living with at least one parent
- Under age 18
- Certified disabled by either the Social Security Administration or the State Medical Review Team
- Need a level of home health care to stay at home that compares to the level of care provided in a hospital, nursing home or intermediate care facility for persons with mental retardation
- The cost of the care must not be more than the cost for the care in a medical institution

Part 2:

PCA SERVICES



Accessing PCA Services

A person can receive PCA Services through one of the programs described below. Think of these as “doors” to starting PCA services, with each one differing in how it is administered. To find out about your eligibility for any of these services, contact your county.

There are four different ways you can access PCA services.

1. **Home Care** is sometimes called Medical Assistance (MA) Home Care. PCA services are one of the many services people on MA are eligible to receive. Contact your county public health agency for more information.
2. **Home and Community-Based Waiver Programs.** A waiver is an additional service that allows people to live in the community instead of going into or staying in an institutional setting. Contact your county social services agency to learn more about waivers. Types of waivers are:
 - Community Alternative Care (CAC)
 - Community Alternatives for Disabled Individuals (CADI)
 - Elderly Waiver (EW)
 - Mental Retardation/Related Conditions (MR/RC)
 - Traumatic Brain Injury (TBI) Waiver
3. **Alternative Care** is for people who are over 65 but whose assets are too high to qualify for the Elderly Waiver.
4. **Managed care programs** are mandatory for people over age 65 and an option for people with disabilities under age 65. Examples of managed care programs include the Prepaid Medical Assistance Program (PMAP) and Minnesota Disability Health Options.

Categories of PCA Services

There are four different categories of service you can receive in the PCA program.

1. Assistance with doing Activities of Daily Living (ADLs). These are things you do every day such as dressing, grooming, bathing, eating, positioning, transferring, toileting and mobility.
2. If your PCA assessment determines that you have a need for assistance with Activities of Daily Living (ADLs), you may also use your PCA services for assistance with Instrumental Activities of Daily Living or IADLs. IADL assistance includes meal planning and preparation, managing your finances, shopping for food, clothing, and other items, homemaking tasks, communicating by telephone or other means, getting around and participating in community activities.
3. Assistance in Health-Related Functions, which are services that must be delegated or assigned by a licensed health care professional such as a nurse or doctor. Health-Related Functions must be provided under the direction of a **Qualified Professional (QP)** or a doctor. Examples of health-related functions are special skin care, non-sterile catheter care, tube feedings and respiratory assistance.
4. Redirection and intervention for behavior issues which require observation and monitoring. For example, reminders to do activities of daily living or redirection of behavior that is potentially harmful to you or others.

Qualified Professional can be a Registered Nurse (RN), a Mental Health Professional, or a Licensed Social Worker.

A Qualified Professional is responsible for:

- Assisting you in writing your care plan describing your needs and how a PCA will assist you
- Providing information to new PCAs about your needs for assistance
- Providing training to your PCAs on your health care needs
- Providing on going monitoring of your PCAs to make sure things are going smoothly
- Telling your doctor or public health nurse about changes you may need in your PCA services

PCA Personal Identification Number

Each PCA is required to get a unique personal Identification Number. Most providers will provide the forms for the PCA and send it to Minnesota Health Care Programs.

PCAs can also get the forms at <http://edocs.dhs.state.mn.us/lfservlet/Legacy/DHS-4469-ENG>. PCAs can also contact the Provider Call Center (800) 366-5411 or locally (651) 431-2700.

Part 3:

PCA ASSESSMENT



Assessment Information

An assessment must be completed to determine your needs for assistance. The assessment reviews the tasks and assistance that you need and assigns a unit of time for these activities. The home care program you are in determines who will do your assessment. Here is a list of people who can complete an assessment:

- County public health nurse for MA Home Care or MR/RC Waiver Program
- County case manager/service coordinator for CAC, CADI, TBI, EW Waiver Programs or AC Program
- Someone from your managed care plan (such as PMAP) if you are in a managed care program

This assessment should happen within 30 days after you contact someone about your need for PCA services. The assessment is done before PCA services can start and every year after that.

If your condition changes and you think you need more assistance, you can request another assessment at any time.

The assessment is done in your home and should take about one hour to complete. The assessment will include:

- Questions asked about the types of assistance needed
- Descriptions of different PCA program options
- Choice of a PCA provider (*See pages 20–21 for more information.*)
- Choice of the type of PCA supervision (*See page 21 for more information.*)
- Decisions about using the Shared Care option (*See page 22 for more information.*)
- Flexible Use Option PCA hours (*See page 22 for more information.*)

During the assessment you will be asked questions about the types of assistance you need. These include Activities of Daily Living (ADLs), behavior needs, health-related needs and some Instrumental Activities of daily living (IADLs) associated with these services.

After you answer all of the questions, you will be asked to sign the assessment. Here is what will happen next:

For non-waiver consumers, the county public health nurse will complete the forms and recommend a number of PCA units of care. The information will be sent to the state for review and approval. You and your agency will receive a copy of the service plan from the county and a service agreement letter from the state.

For waiver & Alternative Care consumers, the service coordinator determines and approves a number of PCA units and submits the information to the state. You can ask for a copy of the assessment. You and your provider will receive a service agreement letter from the state.

For managed care program consumers, contact your health plan to learn about your assessment.

Service Authorization

If the units of PCA services are approved, DHS will send you a service authorization verification. It will tell you how many service units you can receive. Each unit of service is 15 minutes. The person conducting your assessment will help determine whether you can participate in the Flexible Use Option of your PCA hours. Service authorizations are usually approved for a one year period and will list your provider, who also will get a copy of your service authorization. If you choose the Flexible Use Option, your service agreement will have two six-month authorization time spans.

Here is an example of the main information on a service authorization without flexible time.

SERVICE AGREEMENT #	RECIPIENT ID	RECIPIENT NAME	EFFECTIVE DATE	THROUGH DATE
000000000	000000001	Doe, Francis	01/01/05 07/01/05	06/30/05 12/31/05

Provider Number/Name: _____

State approval or disapproval of requested service

↓

Type of service

↓

LINE NBR	STATUS	PROCEDURE CODE	MOD 1-4	PROCEDURE DESCRIPTION
01	APPROVED	T1019		PERSONAL CARE— 15 MINUTES
	Units: 5,840.00 per START/END DATE			Start date: 07/01/05 End date: 12/31/05

To determine the hours per day, divide total hours by 365 and then divide this number by four (units of service are in 15 minutes). For example, Francis can average 8 hours of PCA per day. Here is the math: $5,840 \div 365 = 16 \div 4 = 8$

↙ ↘

Service can occur between these dates

Appealing Service Unit Authorization Decisions

You may appeal a decision about your authorization for services or total units. For example, if your PCA service hours were reduced and you don't think they should have been, you can file an appeal.

Here is a summary of what is stated on the back of the service authorization notice about filing an appeal: (For the entire notice, please refer to the service authorization notice.)

- No special forms are needed (a short letter is okay)
- Letter must be in writing
- **Clearly** state what you are appealing
- Send a copy of your authorization with the appeal letter
- There is a **30-day time frame** from the day you get this notice to send your appeal letter

If you miss the deadline of 30 days, you still may be able to appeal. To appeal:

- Write an appeal letter
- State in the letter a valid reason why you did not appeal within 30 days
- Send in a copy of the authorization letter

The state will have to agree with you that you had a valid reason. If the state agrees with you, the time frame is then 90 days from the day you receive the authorization notice to appeal.

To keep your **current services or hours during the appeal process**:

- Send your appeal within 10 days of the date in the upper left hand corner of the notice
- Send your appeal before the effective date to the right of the notice

If you want to appeal, ask your County Social Services office to help you or write directly to:

Appeals Unit
Department of Human Services
444 Lafayette Road
St. Paul, MN 55155-3813

If you have questions, call (651) 296-5764.

Care Plan

Everyone participating in the PCA program is required by law to have a care plan. This plan is based on the four areas of service identified in your assessment and on the number of service units you receive.

Your care plan specifies the type(s) of assistance you need and when you need it. You may choose to develop your own care plan with the assistance of your doctor or you can have a Qualified Professional help you to develop your care plan. You and your provider need to keep and file a copy of your care plan.

(See Appendix A, page 37, for Sample PCA Care Plan.)

Part 4:

PCA SERVICES FOR CHILDREN (UNDER AGE 18)



PCA services for children (under age 18) are based on the needs of a child with a disability that are over and above what a parent or caregiver would normally provide for a child without a disability. PCA services can be used for any child with a disability who meets the eligibility requirements. (See page 8 for more information.) Services can be used in the home, school or anywhere else in the community. Schools are responsible for services needed in school and these hours do not count against the child's overall authorization for PCA hours.

A child with a disability usually has an individualized education plan (IEP) or Individual Interagency Intervention Plan (IIIP) developed by the student, parents, school and other members of an interdisciplinary team. PCA services may be included in the IEP. Parents may choose how PCA services are delivered at school. To learn more about services at school, contact the school's special education director.

A parent CANNOT be paid as a PCA for his/her minor child. Otherwise, all the other aspects of the PCA program apply for children.

Part 5:

USING PCA SERVICES



Personal Care Assistants (PCAs)

A personal care assistant (PCA) must be able to provide the services specified in your care plan. They can either live with you or separate from you. A PCA must:

- Be at least 18 years old or be 16 to 17 years old with additional special training
- Be employed by a PCA agency
- Be trained (by you or an agency or school) and competent to help you
- Be able to provide the services you need based on your care plan
- Be able to communicate with you
- Pass a criminal background check (according to state standards)
- Be able to work in the U.S.
- Have a personal PCA identification number.

A PCA CANNOT be a spouse, parent of the minor child, corporate guardian or responsible party for a PCA consumer.

Location of PCA Services

PCA services are to be used in your home and in the community for the normal activities you participate in. PCA services are not to be used in the PCA's home, unless the PCA lives with the consumer.

If the location of services includes a fee or other costs, this should be discussed with the PCA prior to the event. PCAs are not required to pay for expenses related to providing services.

John is going out to dinner with friends and needs assistance eating. He has a few options for getting his needs met:

1. Offer to pay for a meal for a PCA.
2. Ask a PCA to join them for dinner, but tell the PCA that he has to pay for his own meal.
3. Suggest the PCA eat before accompanying John to the restaurant.

Candace wants to attend a concert but needs assistance during the concert. Tickets are \$50 per person. She has several options for getting her needs met:

1. Purchase a ticket for her PCA to attend the concert with her.
2. Ask a friend or family member who also wants to go to the concert and see if he/she is willing to provide assistance.

PCA Services in the Work Place

PCAs may provide assistance to you at your work site. They may provide the assistance you need in your care plan. You have the following choices for getting personal care assistance at work:

- You may schedule a PCA to come in to your work place at the times you need help or
- You may find someone employed at your work place who is willing to be hired as a PCA for you. Please check with your employer before hiring a co-worker to be a PCA in the work place.

Sometimes you may need help with things specific to your job, such as typing or filing. Talk with your employer about the options you have for getting this help. Perhaps someone else at the work place can help arrange assistance or assist with tasks. These are often

considered reasonable accommodations under the Americans with Disabilities Act.

Hours of Services per Week

Provider agencies may not be willing to pay overtime. Check with your provider for information on the total number of hours a PCA can work per week.

Keep this in mind when determining how many PCAs you may need.

PCA Consumer Responsibilities

The PCA program is designed to be flexible and driven by you. However there are certain responsibilities you should keep in mind. PCA services are supposed to provide direct assistance to YOU. Your PCA must be with you providing assistance when you need it. For example:

- PCAs should not get paid for time they are not with you.
- PCAs cannot be paid when they are traveling to and from your house or if they are “on call” by phone or pager.
- Consumers should not sign time cards for time that PCAs have not worked.
- Consumers should not sign blank time cards.

Medical Assistance fraud is the term used when PCAs try to get paid for working times they did not work. It is also fraud if you help your PCA do that, by signing blank time sheets. For example, it is fraud when PCAs ask you to sign a time sheet stating they worked 30 hours, when they only worked 20 hours. You or your PCA could be held legally responsible. When signing time sheets, draw a line through any blank date and time spaces on it. This makes it difficult for PCAs to enter hours they didn't work. If you are being pressured to sign time cards for hours your PCA has not worked, you can **talk to your provider** or report it to the Minnesota Department of Human Services' Surveillance and Integrity Review Section at (651) 296-2680 (Metro) or (800) 657-3750, which may then conduct an investigation.

Part 6:

CONSUMER SAFEGUARDS



PCAs and other home care workers work very closely with you in your home. You should be aware of safety concerns. This section contains information and resources to increase your awareness of issues related to your health and safety.

Vulnerable Adult Abuse and Exploitation

People who use PCA services have rights and protections under Minnesota State laws that govern the Maltreatment of Minors and Vulnerable Adults. Here are some of the things that are covered under these laws:

- **Physical abuse** is when someone is harming you by hurting your body. This includes hitting, slapping, punching, pushing, refusing to help someone with a medical need or not giving someone important medication. An example is someone forcing you to take medications/food that they know will be harmful to you and are not part of your plan of care.
- **Sexual abuse** is when someone touches you sexually, talks to you sexually or shows you sexual material or body parts when you did not want them to. Abuse can also be when someone touches you in ways that make you uncomfortable. Sexual abuse can also be when someone makes you touch them in a sexual way, or asks you to show them your private body parts, or asks you to speak to them in a sexual manner and you do not want to.
- **Financial abuse/exploitation** is when someone uses your money or accounts without your giving permission to do so or in a different way than you instructed. For example, if your PCA does not purchase what they are supposed to with your money but uses it for his/her own personal use.

This type of abuse can also occur when someone takes your money or personal property and you did not give them permission to do so. Because PCAs work very closely with you, they may have access to your personal financial items and personal belongings in your home. Be careful with your money, checks, credit and debit cards and other personal items when you have a PCA in your home.

If any of these types of abuse are happening to you, you need to report this immediately to someone who can help you. This could be:

- Your case manager,
- A friend or family member, or
- Your PCA agency.

If you are in immediate danger, you should always **call 911**.

Confidentiality

Information about your personal care needs is considered confidential and should not be shared with other people. It is illegal for your PCAs, agency staff and/or your Qualified Professional to talk with other people about your care. Your agency may share information in your care plan with new PCA staff to ensure they are able to provide the assistance you need. This information should only be provided if someone is going to work for you or you request that it be shared with someone. Your provider may ask you to sign a release of information form. If you feel your confidentiality has been violated, contact your provider or the Office of Ombudsman listed on the next page.

Office of Ombudsman for Older Minnesotans

The Ombudsman Office is available to anyone receiving home care services for help with:

- Quality of services
- Rights, including privacy and confidentiality
- Termination of services
- Service agreements or care plans
- Access and referral to services
- Appeals
- Abuse or neglect issues

You can reach them at (800) 657-3591 or (800) 627-3529 TDD/TTY.

Emergency Plans

Emergency plans address your immediate health needs when something unexpected happens to you. For instance, having an emergency plan in place can tell a PCA what to do if you have a seizure or develop a high fever.

You may want to carry a card or small piece of paper with you and also post this information in your home:

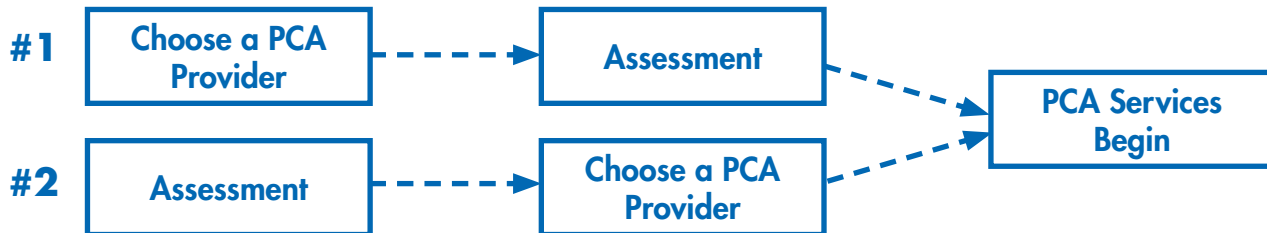
- Your diagnosis
- Your medications
- Your allergies
- Health conditions that might occur and what to do
- Emergency contact information
- Name and phone number of your doctor
- Insurance information

Part 7:

PCA PROGRAM DECISIONS

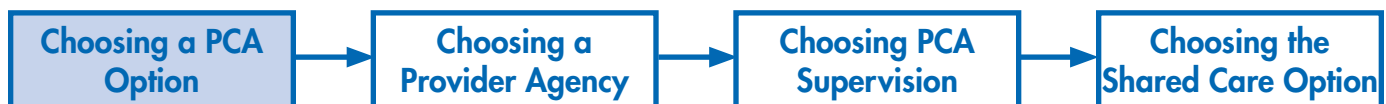


There are two ways to start the process so PCA services can begin:



There are decisions that need to be made prior to receiving PCA services. There are four basic elements that need to be determined: type of PCA option program, PCA provider, supervision of PCAs and one-to-one and/or shared care services.

Decision # 1: Choosing a PCA Option



This decision determines whether or not you choose a consumer-directed or traditional PCA option.

The Minnesota Department of Human Services requires consumers to receive services through a provider agency. There are two kinds of PCA Service provider options:

1. “Traditional PCA Provider Option”

In this option, there are two types of service providers:

- **A Personal Care Provider Organization (PCPO)** or just a PCA Agency. This agency only provides PCA services.
- **A Home Health Agency** has a license from the Department of Health and is Medicare-certified. This agency also provides skilled nursing visits, home health aide visits, occupational and physical therapy (OT/PT) visits, as well as PCA services.

Under the **Traditional PCA Provider Option**, the **PCA Provider** is responsible for:

- Finding, hiring/firing and training of PCA staff
- Finding back-up PCA staff
- Assigning a Qualified Professional if you want one
- Applying for the criminal background check for PCA staff
- Billing the state for PCA services
- Scheduling and paying PCAs and a Qualified Professional
- Getting doctor’s statement of need for you
- Monitoring and evaluating PCA staff
- Maintaining the required liability insurance for PCAs

Throughout this handbook, “Traditional Provider Agency” refers to both Home Health Agencies and Personal Care Provider Organizations.

2. “Consumer-Directed Option”

Under the consumer-directed PCA option, which is called “PCA Choice,” you have the greatest control over staffing. The PCA Choice agency role is mostly managing financial matters. The PCA Choice agency is called the **fiscal intermediary**. This type of agency is responsible for billing DHS for PCA services and paying the PCA staff and/or Qualified Professional.

Under the PCA Choice Option, **you** are responsible for:

- Finding, hiring/firing and training of PCA staff
- Finding back-up PCA staff
- Supervising PCA staff
- Finding a Qualified Professional if you want one
- Scheduling PCAs and a Qualified Professional
- Getting doctor’s statement of need for PCA services and keeping a copy in your records
- Monitoring and evaluating PCA staff
- Entering into a written agreement with the PCA Choice agency
- Maintaining documents of the PCA tasks and actions.

The **fiscal intermediary** is responsible for:

- Billing for PCA Services and a Qualified Professional

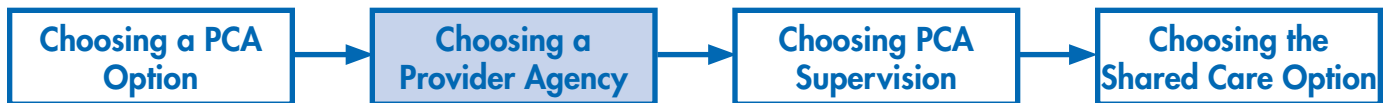
- Paying and withholding taxes for PCA staff and the Qualified Professional
- Applying for the criminal background check for PCA staff and Qualified Professional
- Maintaining the written agreements for all PCA staff and Qualified Professionals (*See Appendix I, page 55, for Sample Written Agreements.*)
- Maintaining the required liability insurance for PCAs and Qualified Professionals
- Keeping a copy of your physician’s statement of need on file.

Here are some questions to consider that may help you in choosing the best option:

- Do I want the responsibility of finding and supervising my own staff?
- Do I want greater flexibility in scheduling PCAs?
- Am I happy with the service I am getting from my current provider?
- Do I have a back-up plan in place if my regular PCAs are unable to work?
- Do I want more control of my care?

You can choose to join PCA Choice or change PCA providers at the time of your assessment or at any time during the year.

Decision #2: Choosing A PCA Provider Agency



The option you choose (consumer-directed or traditional) can help to determine what provider agency or agencies you will decide to use.

- Some agencies only provide services through the traditional option.
- Some agencies only provide services through the PCA Choice option.
- Some agencies provide services through both options.

If you have not chosen a PCA provider agency or would like to change providers, a list of providers is available by calling the Disability Linkage Line at

(866) 333-2466 or go to MinnesotaHelp.info’s Web site at <http://www.minnesotahelp.info>.

Here is some information regarding PCA agencies:

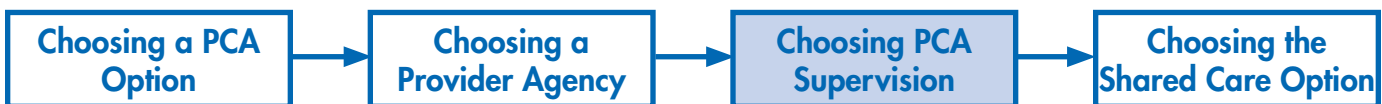
- If you choose the Traditional Provider option, you can have more than one agency providing your PCA staffing needs. (This may be a good option if you are having difficulty with getting enough PCAs to cover your hours).
- You can **only have one** PCA Choice agency.
- You **cannot** have both a Traditional Provider Agency and a PCA Choice agency provide PCA services.

To help you choose a PCA provider you may want to call a few providers and ask them questions to help determine which one can best meet your needs. This may also help you decide between PCA Choice and a Traditional Provider.

Here are some examples of questions you might ask a potential provider:

Traditional Provider	PCA Choice
<ul style="list-style-type: none"> ■ How can you meet my staffing needs? ■ What types of benefits do you offer your staff? ■ How much do PCAs and Qualified Professionals get paid? ■ Do you offer health insurance for PCAs? ■ How do you share information with consumers? ■ What kind of training do you provide for your staff? ■ Can I assist in setting my schedule? ■ Can I meet/interview PCAs before they work for me? ■ Do you have back-up staff for emergencies? ■ What if I do not like my PCA? ■ Can you provide my physical therapy? 	<ul style="list-style-type: none"> ■ How do you share information with consumers? ■ What is your fee for being my fiscal intermediary? ■ How much do PCAs and Qualified Professionals get paid? ■ Do you offer health insurance for PCAs?

Decision #3: Choosing PCA Supervision



Under either PCA Option, you have the choice to supervise your own PCAs or to request supervision from a Qualified Professional. (See page 10 for more information.)

During the assessment, you will be given information about supervision tasks and then asked about what kind of supervision you want. Tasks may include, but are not limited to:

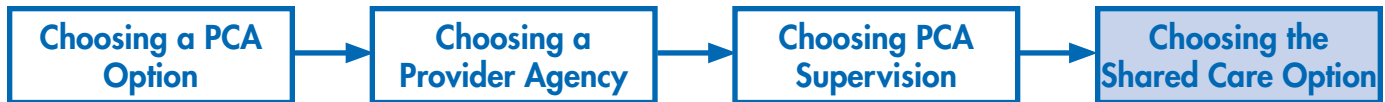
- Care plan development
- Orientation of PCAs to personal cares and needs
- Training PCAs to provide hands-on assistance with special health care tasks

- Daily supervision of PCAs to ensure that cares are provided correctly
- Communication of changes in your needs to the provider, physician or others
- Documentation of PCA tasks and activities.

There are three types of supervision that you can choose:

1. You conduct all the tasks of PCA supervision
2. A Qualified Professional conducts all the tasks of PCA supervision
3. Joint supervision in which you and a Qualified Professional share supervision tasks.

Decision #4: Shared Care PCA Staffing



Shared Care allows two or three consumers to share PCA services in the same setting at the same time from the same PCA worker. You can also receive one-to-one PCA care as well as shared care.

This option works well if two or three PCA consumers live in the same home or work in the same building. This option also works in a child care setting.

There are requirements when you choose Shared Care:

- Each person who needs PCA assistance must have authorized PCA hours.
- Each person must have a plan for how they are using Shared Care.
- Back-up plans for any of the consumers must be in place in case of consumer or PCA illness.

- This option has to be determined appropriate and safe for each person
- Billing for Shared Care is at a different rate than for one-to-one PCA services.

If you have PCA Choice (the consumer-directed option):

- Each consumer has to be using the same PCA Choice agency

If you have a Traditional Provider agency:

- There may be more than one agency involved with Shared Care.

Decision #5: Flexible Use of Hours

The public health nurse or your case manager (if you have one), DHS and you will determine whether you can use the Flexible Use Option for your PCA hours. Things that will be considered in deciding if this is an appropriate option include: your needs, preferences, abilities and history of service use. A form requesting flexible use of your hours must be submitted to the Department of Human Services. Your total PCA hours will be divided into 6 month totals for the 1 year service authorization period based on your identified needs for the Flexible Use Option for PCA hours.

You and your provider will need to develop a written month-to-month plan of how you plan to use your PCA services. For example, you can plan to receive more PCA hours for the first 6 months of your annual authorization period because you need more PCA services during the summer.

You cannot use more PCA hours in the 6 month periods than you were authorized at the time of

assessment unless there has been a change in your medical condition. You cannot carry over unused hours from one 6 month period to the next 6 month period.

This means if you had a total of 500 hours during your 6 month period but you only used 470 hours, the extra 30 hours would not carry over to the next six-month authorization period.

This means if you have flexible use hours, you can use more hours on some days and fewer hours on other days. For example, if you are authorized to receive an average of 8 service hours a day, you can use 10 hours on some days and 6 hours on another day. Your provider will help you with monitoring how many service hours you are using and have left to use in your authorization period. If you use your hours up prior to the end of the authorization period, you will **NOT** be authorized for additional hours.

Changing Providers or Program Option

You can change from a traditional provider to a PCA Choice agency any time. Contact the person or agency that did your assessment to make the change.

You can also change providers at any time. The process for you to change provider agencies is for both providers to submit the Home Care fax form indicating the last day of service for the outgoing provider and how many units they will ultimately bill. Include how many units are available for transfer. The incoming provider will indicate the first day of service and how many units they expect to receive.

Should the outgoing provider refuse to send in a Home Care fax form, the incoming provider needs to send in the Home Care fax form. The above information should be included along with a note signed by the consumer indicating the first date of service and the amount of units that should be transferred. Your new provider should be able to assist you with this process.

Part 8:

HIRING A PCA



Whether you decide to go through a PCA Choice agency and are responsible for finding your own PCAs or you have a traditional provider and would like to assist your agency in finding PCAs, this section is a guide to finding and hiring a PCA. It will also provide suggestions on issues to cover when you first meet with PCAs.

Finding a Personal Care Assistant

In the PCA Choice Option, you, the consumer, are responsible for finding your PCAs. This section talks about the different steps you can take to find a PCA.

PCAs need to have criminal background checks before they are hired. Your agency will do the criminal background check.

Writing a Job Description

When hiring staff, establishing **clear expectations** is essential. Before someone is hired, the PCA should understand what would be expected of him or her. A good first step is writing down what you want the PCA to do and what skills are needed to do these tasks. This is called a job description. Look at your care plan and write out a list of tasks that you need assistance with and would like the PCA to do. If you need help, ask your qualified professional or a friend/relative to work with you on this. (*See Appendix B, page 41, for Sample Job Description Questions and Appendix C, page 43, for Sample PCA Job Descriptions.*)

Criminal Background Checks

A background study must be done **before** the PCA begins providing direct contact services. For PCAs, “direct contact” means providing face-to-face care for a consumer.

The purpose is to determine if the individual PCA has record of committing a felony or gross misdemeanor, and might endanger the you or

your property. PCA agencies apply for the criminal background checks.

For more information, call Licensing at (651) 296-3971, or look at its Web site www.dhs.state.mn.us/licensing

Traditional Provider Agency

Finding/Hiring:

The agency is responsible for staffing your PCAs. There may be times when you may want to find your own PCA or may already know someone that you want to be a PCA. Give their name and contact information to your provider and they may hire them if they pass a background check and complete any requirements your agency has.

Identifying Potential PCAs

When trying to identify potential people who could work as your PCA, you need to determine whether you would like to have a PCA who lives in with you or comes in to your home. You may want to consider things like the size of your home and the hours you need assistance. For example, if you need overnight assistance, a live-in PCA may be a good option.

Remember a PCA CANNOT be a spouse, parent of the minor child, corporate guardian or responsible party for a PCA consumer.

Here are some basics when finding a PCA:

- Ask people you know (friends, family) if they want to be a PCA.
- Check with other people with disabilities about PCAs.
- Contact disability-related organizations or agencies for recommendations.
- Make sure the PCA has passed a criminal background check.

Placing an Ad

You may have to advertise to find a PCA. An ad can tell people what kind of work you need done, the amount of hours per day or per week, pay range, and other details. To write an ad, you may first want to look at the job description for information.

Once you have a good idea of what you want a PCA to do and when you need them, then you can write the ad. Here are two examples of ads:

The ad can be run in a local newspaper, posted on a bulletin board or the Internet, posted at local colleges and universities or placed in a church or organization's newsletter. An ad in a newspaper or a newsletter may cost money, so you will want your ad to be short.

Advertising Do's and Don'ts

How to advertise is as important as where to advertise. A successful ad must be:

- Concise in wording (short and to the point)
- Specific of what you expect the person to do for you

Assistant Needed

Part-time personal care assistant
 Needed for female with a disability
 8–10 a.m. and 9–11 p.m.
 Non-smoker, \$8-10 /hour
 Call (555) 333-8888

PCA Needed

To help a young man with MS
 3 hours a day with personal cares
 Must be familiar with Somali language
 and culture
 Call after 5 p.m.
 (555) 333-8888

Do's	Don'ts
Do read other ads for ideas. Which ones caught your eye? Which ones do you think would be most successful?	Do not list your full name and address with your telephone number. You may receive crank telephone calls or unwanted visits.
Do include basics of the job (hours, duties, name of the position and how to contact you.)	Do not put too much information in the ad. Save details for the interview.
Do include your personal preferences (a non-smoker, valid drivers license)	Do not include words that may be considered discriminatory with regard to age, race or gender.
Do ask for advertising charges. Will you pay by the number of words or size of the ad? (Be specific how many times you want your ad to run and when.)	Do not use jargon or acronyms that the public may not understand. Doing so could limit potential staff.

Interviewing Potential PCAs

The screening process usually comes in two steps:

- Telephone interview
- Face-to-face interview

Telephone Interviews

After you place an ad, be ready to receive telephone calls. Keep your job description near the telephone along with a paper and pen to take notes. When someone contacts you about the position, talk to

him or her to see if they are a good fit. This kind of interview will allow you to screen out people who are not a good fit for the position.

Here are some tips for conducting a telephone interview:

- Have a list of prepared questions and ask each applicant the same questions.
- Make sure you write down the applicant's name and telephone number.
- Ask open-ended questions. For example: Instead of asking, "Did you like your last job?" ask "What about your last job did you like and dislike?"
- Do not ask questions that could be considered discriminatory. (*See Appendix E, page 47, Interviews and the Law for more information.*)
- Take notes to review later when you will decide whom to hire.
- Be specific in describing job duties, salary, and schedules.
- Ask the applicant if they can perform the duties required, for example, heavy lifting or other physical activity.
- Ask about their previous experience.
- Without giving your exact address, generally describe where you live and ask if the travel could be a problem.
- Ask if they are available for the hours and days that you need them.
- Discuss any special equipment that the applicant may need to know of.
- Near the end of the conversation, ask the applicant if they have any questions about the job and answer them as best you can.

After you have completed the telephone interview, thank the applicant for their interest and let them know when you will contact them for an in-person interview.

Once you have finished all your telephone interviews, review your notes and start thinking about which of the applicants you would like to interview face to face. When making this decision, consider the following:

- Qualifications and experience
- Availability
- Ability to carry out the tasks they will be assigned
- How you felt about the applicant (Did you like their responses and attitude?)
- Be careful of callers who sound desperate for a job or a place to live.

Face-to-Face Interviews

After the phone interviews, call the people back that you feel might be good PCAs and set up a face-to-face interview. If you would like, ask a friend, relative or current PCA to be there because another person's opinion can be helpful. You can interview someone in a public area (restaurant or library) if you do not want the potential PCA to know where you live.

Make sure you are prepared for the interview. You will want each applicant to:

- Complete a job application (*See Appendix D, page 45, Sample Job Application*)
- Sign reference check release form (*See Appendix E, pages 49–50, Sample Employer and Personal Reference Check Forms*)
- Bring a Social Security card or other permit to work in this country
- Bring a valid drivers license if driving will be required for the job.

You might want to send out the job application and reference release form to the applicant and ask them to complete and bring them to the interview. Otherwise you can ask them to complete them when they come for the interview.

The questions that you ask during the face-to-face interview should be different than the phone interview questions. (*See Appendix G, page 51, for PCA Face-to-Face Interview Questions.*) These questions will help to make the final hiring decisions. Ask everyone the same questions and make sure you do not ask for information that is considered private. (*See Appendix E, page 47, Interviews and the Law for more information*) Take notes during the interview.

The questions should be more detailed and explain more about the job duties. For example, if you

need help getting into bed and you weigh over 150 pounds, then a question should be asked “Tell me about your experience in lifting and transferring people weighing more than 150 pounds.” It may be a good idea to have them watch someone demonstrate a transfer to make sure they can do this. Make sure if this is the case that you have the interview in your home and someone is available to demonstrate how to do your transfer.

Look over the care plan to develop the list of questions. Make sure they are comfortable doing everything. Some people may not be aware they will need to do very intimate care like bathing and helping with a bowel program. Asking the applicant during the interview about your specific care needs will help both of you to make a decision about whether he/she are a good match for the job.

Other issues to discuss during the interview include:

- Rate of pay
- Schedule and their availability in case your schedule changes
- How they will get to work.

Encourage the person you are interviewing to ask questions they have of you. Thank them for coming and let them know when you will be making a final decision.

Reference Checks

Once all the interviews are completed, make a list of all the applicants that you might want as a PCA. Reference checks are calls or letters to people that can talk about the potential PCA. A reference check can be with an employer (past or present) or a personal friend or family member. Mail out the completed reference check forms to the applicant’s references so they will expect a call from you. Calling references can help provide more information in making a good hiring choice. When you call, explain who you are and why you are calling. **References can tell you about past work history and reliability.** Listen to how the reference is answering your questions. Do they hesitate? Do they answer the questions directly? Take notes on what the reference says. (*See Appendix H, page 53, for Sample PCA Employer and Personal Reference Check Questions.*)

Making the Decision

You may feel under pressure to make a decision quickly because you need someone soon. It is important to think carefully about the people you’ve interviewed. This person will be providing personal assistance for you. Think about the information you received from the interviews and how the person responded. **How something is said can be as important as what is said.** Think about what the references told you.

Here are some questions you may want to ask yourself as you consider the people you interviewed:

- Was there anything that stood out in the interviews?
- Did you feel comfortable with this person?
- Did she or he seem uncomfortable about some of your questions? Which ones?

If you are having trouble deciding, talk to a friend or relative. You may want to talk to other people you know who are also PCA consumers. Sometimes talking about things with someone else can help you decide who is the best choice. Also, if you have obtained references or know consumers who someone has previously worked for, you may want to give extra consideration to their recommendations.

If you have decided on a PCA to hire, contact the potential PCA and ask if they are still interested in the job. If they are, offer the job based on the wage and hours that were discussed in the interview and agreed upon with your agency. You may need to confirm this with your agency. You may decide to hire more than one person to work all of the hours you need covered.

Also, contact the people you decided not to hire at this time by phone or letter. You can ask if you can keep their application on file if hours become available in the future.

Hiring the PCA

Once the potential PCA accepts your job offer, you can direct them to your PCA agency to fill out the necessary paperwork. If you have a PCA Choice agency, you will need to complete the written agreements discussed in the next section. **Remember:**

the new PCA must pass the criminal background check and have a PCA Individual Identification Number before beginning work. Confirm when the PCA will begin work.

If you do hire more than one PCA, it's a good idea for them to get to know each other. This can help in case there's an emergency and one has to fill in for the other. Get contact information like their cell phone number and ask them for the hours they may be available to work or serve as a back-up.

Written Agreement

If you have chosen the PCA Choice option, you will need to have a written agreement with your PCA Choice provider agency, all PCA(s) and the Qualified Professional, if you choose to have one. Written agreements spell out the responsibilities of all parties. All agreements must contain the following elements:

- Salary and benefits for each PCA and the Qualified Professional
- Administrative fee of the PCA Choice agency and services paid for with that fee, including background check fees
- Procedures to respond to billing or payment complaints
- Procedures for hiring and terminating PCAs and Qualified Professionals
- The PCA's individual identification number.

Except for the administrative fee and payroll deductions taken out by the PCA Choice agency, the remaining portion of your MA reimbursement for PCA services and Qualified Professional must be paid directly in salary to your PCAs and Qualified Professional. These are all requirements by law for the PCA Choice option. (*See Appendix I, page 55, for Sample Written Agreements.*) Adapt these to fit your own needs.

Orientation Topics

Different people have different boundaries. What one person is comfortable with or thinks is appropriate may not be what someone else considers appropriate. It is important to talk about boundaries with any new PCA.

You may want to establish some "house rules." Here are examples of issues that you may want to address when you meet with new PCAs:

- **Personal property.** PCAs should respect your personal property and ask permission if they want to use it. For instance, you may or may not want to share food and beverages with your PCAs.
- **Personal phone calls.** PCAs should ask to make or answer a call (either on your phone or their cell phone). Placing a time limit on the calls may be beneficial. Also, be aware that long distance phone calls may happen. Talk to your PCA about costs prior to the phone call.
- **Smoking.** You should discuss whether it is okay for a PCA to smoke in your house, or in a designated area outside of your house. Let them know about how to dispose of butts.
- **Live-in PCAs.** There will be additional issues to discuss with PCAs who live with you. Issues can include free time, common spaces used by everyone, cleaning schedules, use of personal items and payment of bills. You may consider writing down your expectations so they are clear and you and your PCAs can refer back to them.
- **Use of vehicles.** Things you might want to consider if you ask PCAs to drive for you include insurance and liability. These are issues whether the PCAs use your vehicle or theirs. You may find out if someone has a valid Minnesota driver's license by going to the following Web site:

<http://www.Mndriveinfo.org>

and entering a driver's license number. You can also get information by calling (651) 215-1335. If you would like to obtain a copy of someone's driving record, complete the form found on the site. This form needs to be sent into the Department of Motor Vehicles. There is a small fee for this information.

If you have a traditional provider agency, there may already be agency policies for these issues. Check with your provider for more information.

Part 9:

PCA STAFF MANAGEMENT



Training Your PCA(s)

Training is one of the most important parts of managing your PCA(s). You are the expert in knowing your care needs. Even experienced PCAs need to be trained in how you want your cares done. If you have had PCA(s) before, you probably already have a good idea of what works for you.

There is more than one way to train a PCA(s). Some people will respond well to oral directions while others may respond better to hands on demonstrations. You may feel comfortable training your own PCA by yourself or would like one of your experienced PCAs to assist with the training. Some people prefer to have their Qualified Professional do training.

If you are training in a new PCA, here are things you may want to do:

- Talk about your disability and how it affects your life. The more your PCA knows about your disability, the better they will be able to meet your needs.
- Give a lot of examples and explain any technical terms you use.
- Talk about any symptoms or health concerns they need to be aware of. Include anything that may arise and how to handle the situation. For example, if you have epilepsy, what can the PCA do when you are having a seizure?
- As you go through your routine, explain why tasks need to be done. This will help PCAs realize the importance of these tasks. For example, if you get range of motion exercises, explain that this helps you maintain movement and flexibility.
- Provide training on how to operate any life support equipment (i.e. feeding tubes, ventilators, etc.) you have. Include how to properly handle and clean this equipment or any other medical supplies you use.

If you have a traditional provider agency, then:

Training Your PCA(s)

The agency is responsible for training PCAs and may have a required general training session. For example, new PCAs may have training regarding agency policies, basic first aid, and universal precautions.

You may also need to do the specific training on your cares. For example, how to transfer from a bed to a chair or how to style your hair.

- Be patient. Learning how to do new things takes a while. Don't become frustrated if your PCA does not catch on right away.
- Ask for feedback about how you are explaining things. Maybe there is a way you could be clearer in your explanations.
- Stress the importance of documentation of tasks and times.

By providing good training up front, you may increase the chances of a PCA being able to be more effective at their job. You may be interested in contacting the College of Direct Support, which has an online direct service worker training program. The Web site is <http://www.collegeofdirectsupport.com>, and the telephone number is (865) 934-0221. Taking more time at the beginning can lead to better overall results.

PCA Staff Scheduling

In **PCA Choice**, you make the schedule. The schedule that is being developed should meet your needs and be clear to you and your PCA(s).

Here are some suggestions to develop a PCA staff schedule: (*See Appendix J, page 69, for Sample Monthly Staffing Schedule for PCAs.*)

- **Schedule staff on a monthly basis.** If changes need to happen, there is time to work out the details.
- **Post the schedule in at least two places.**
- **Give a copy to each PCA.**
- **Give advance notice for schedule changes** (both you and the PCAs). For example, if you are going on vacation, tell your staff ahead of time about the change in the work schedule.
- **Schedule the PCAs for longer blocks of time** instead of finding someone to come multiple times for short shifts.

PCA Task Scheduling

Task scheduling is an activity that you direct, regardless of whether you are in PCA Choice or use a Traditional Provider. Tasks are the activities that PCAs do to assist you in maintaining your independence. Examples of tasks include assistance with bathing, driving, cleaning, and cooking. Remember, PCAs need to document tasks on a daily basis.

Tasks can be scheduled on a daily basis and/or on a weekly basis. Here is an example of a morning schedule:

6:00-6:30	Get up, assist with showering, dressing, and brushing hair and teeth.
6:45-7:15	Make breakfast, assist with eating, clean up dishes
7:15-7:45	Assist with toileting, make lunch, take medications
8:00	Wait and assist with Metro Mobility (if necessary) Shift done after leaving for work on Metro Mobility

Here is an example of a weekly task schedule:

Monday	Daily tasks and pool therapy
Tuesday	Daily tasks, ironing, clean bathroom
Wednesday	Daily tasks, clean kitchen and refrigerator
Thursday	Daily tasks and pool therapy
Friday	Daily tasks and clean bedroom and living room
Saturday	Daily tasks, laundry and clean medical equipment
Sunday	Daily tasks, grocery shopping and errands

If You Have A Traditional Provider Agency, Then:

PCA Staffing

The agency is responsible for scheduling staff for you. The agency should work with you to develop a schedule that meets your needs for assistance.

Areas to review for more information include:

- PCA staff scheduling
 - PCA task scheduling
 - Communicating with Your PCA(s)
-

(See Appendix K, page 71, for Sample Weekly PCA Task Schedule.)

Here are some hints for PCA task scheduling:

- **Try to schedule things that can be done in the same block of time.** For instance, the PCA can start laundry when he/she arrives, help you with your morning cares, put laundry in the dryer, get meals ready and clean the kitchen and put the laundry away just before leaving. This way you will use the hours you have most efficiently.
- **Figure out the PCAs' strengths and what they do well.** For instance, some PCAs may be better at cooking meals and some are better at helping with baths or showers.

Communicating with Your PCA(s)

Clear communication is the most important thing about supervising PCA(s). Be clear about what you need when giving directions. Encourage the PCA(s) to ask questions if they don't understand something. Don't assume they know what you want. Be consistent in your communication. The more consistent you are in your decisions and requests, the better the PCA(s) will meet your needs. Your PCA(s) may prefer to do things one way and you prefer another. The choice is yours and the PCA(s) need(s) to follow your directions. Here are some tips that may help both of you communicate more effectively:

- **Explain any technical words or terms** that you use. Even an experienced PCA may not know the terms you use. Understanding terms helps the PCA(s) better understand your disability and meet your needs.
- **Be clear about your expectations.** For example, if your PCA leaves dishes in the sink and you want them put in the dishwasher, you need to tell your PCA to do this instead of getting angry when the dishes are in the sink.
- **Be pleasant, patient, and fair.** Even though you get to make decisions about your care and schedule, sometimes you may need to compromise with your PCAs so they can also meet their needs. For example, they may have children, which could prevent them from having a flexible schedule.

- **Avoid gossiping about other PCAs.** Also, do not criticize another PCA's work but instead address issues directly with PCAs.

Treat your PCAs the way you would like to be treated!

PCA(s) who quit often say they're leaving because of poor communication with their employer. Evaluations can give you and your PCAs the opportunity to talk openly with each other about things that might be frustrating. Over time, small irritations, hurt feelings and misunderstandings can build up and destroy what could have been a good working relationship. Give feedback on a daily basis on which tasks are being done well and which tasks need improvement.

If there is a serious conflict between you and your PCA(s), you may decide to resolve it rather than fire the PCA. Talking openly can clear the air. Here are some suggestions on how to approach the conversation:

1. Set aside time when both of you will not be rushed
2. Give full attention to the PCA.
3. Describe the PCA's actions, not the person.
4. Define the conflict as a mutual problem that you want to solve. This is not a contest in which one person wins and the other loses.
5. Talk about the problem in specific terms. Give examples. Don't accuse.
6. Describe your feelings and reactions.
7. Describe how you might have contributed to the problem.
8. Let your PCA go through these same steps.

It is important that neither of you feel accused of doing something wrong. If you can work through the problem together, it can make a stronger and better working relationship.

Evaluating Your PCA(s)

It is important for PCAs to know how they are performing and whether they are meeting your expectations. This can occur both informally with daily feedback and by doing a formal evaluation. It is recommended that you formally evaluate your PCA at least once a year and probably more often for new PCAs. Here are some tips on giving feedback to your PCAs:

- **Give feedback often.** Praise good performance and initiative. It will make the PCA(s) feel good and encourage continued good performance. Praise will also balance the times when you need to correct them. If you do need to correct your PCA(s), do not attack the person: “Mike, you are really dumb! Haven’t I told you many times how to transfer me?” It is better to say something like, “Mike, I know you tried, but that transfer didn’t go very well. Maybe we should practice that again and I’ll explain how to do it.”
- **Do not save praise or criticism for the evaluations.** Evaluation is a formal review process and is done at least once a year. Feedback can happen on a daily basis. PCAs need to know how they are doing so they can continue to do things correctly or change what they are doing if it is not correct.

▶ **In PCA Choice**, you are responsible for doing formal evaluation of your PCA staff. How often you evaluate your PCA(s) may be different for each one. If you are having problems with a PCA, it is a good idea to evaluate him or her more often than once a year to follow up on the areas of concern.

Using an evaluation form can help structure the evaluation and serve as a record to document job performance. (See Appendix L, page 73, for *Sample PCA Evaluation Form*.) When you adapt this for your own needs, include daily cares, timeliness and how you interact with one another.

Formal evaluations can help you remind your PCA(s) of their job duties and what is important to you. It is also a chance for your PCA(s) to give you feedback. There may be ways you can do things

Evaluating Your PCA(s)

If you have a traditional provider agency, then:

The agency is responsible for evaluating your PCA. You may be asked or can ask to provide information about your PCA, but any formal evaluation will be done by the provider agency.

If you are having a problem with your PCA(s), contact your provider agency for assistance.

differently that would make it easier for your PCA(s). Remember that you are in charge!

Keep copies of the evaluations in your PCA’s file and give a copy to your PCA(s). Review past evaluations when a PCA is having problems. Going over past evaluations can be helpful when you are thinking of firing a PCA. It may be a good reminder to see if there has been an ongoing problem and whether you have addressed it in past evaluations.

Suggestions for Correcting Poor Performance

Some PCAs may need more time to perform well. If feedback and evaluations do not improve performance, give a written warning that things need to improve by a certain date. Be sure to document this warning and put it in the PCA’s file. (See Appendix M, page 75, *Sample PCA Notice of Unsatisfactory Job Performance*)

If one warning doesn’t work, you may issue a second warning. Again, it is important to write this down and put it in the PCA’s file. After the second warning, make sure the PCA understands that things need to improve or they may be fired.

Discharging a PCA

In **PCA Choice**, you are responsible for termination and firing. There is a difference between terminating and firing.

Termination

Termination of employment can be based upon work (poor work quality) or unanticipated events (for example, the PCA is moving to another town). When termination occurs, there is generally a two-week notice given.

It is suggested that feedback, work evaluations and a formal warning be given prior to termination based on job performance. Here are some common reasons for termination:

- Performance is not good.
- Frequently late or does not show up for work
- Personal habits bother you. For example, the PCA smokes while doing your cares or has poor personal hygiene.
- PCA does not listen to your instructions.
- You do not feel safe with the PCA, even though he/she has been working for you for several weeks and training has been provided.

Firing

A PCA may need to be fired when his or her behavior endangers you or your property. In this case, it is unnecessary to give a two-week notice. The firing can be immediate.

While it is good to try to work things out whenever possible, sometimes actions or behaviors can be a cause for firing. The reasons for firing should be discussed at the first meeting. Here are examples of reasons for immediate dismissal:

- Not passing a criminal background check
- Coming to work drunk or high on drugs or using them while on duty
- Stealing from you *(See page 17 for more information.)*
- Not showing up for work and not calling to let you know
- Abusing or neglecting you. *(See page 17 for more information.)*

Termination and Firing

If you have a traditional provider agency, then:

The agency is responsible for termination and firing. You can talk to them to request that someone not work for you again, but your agency will make the final decision.

If you decide to fire a PCA, here are some tips that may be helpful:

1. For safety reasons, it is a good idea to have someone with you when you fire the PCA.
2. Be ready to give your reasons to the PCA in writing.
3. Have a replacement PCA ready. Make sure you have someone who can step in right away.
4. Ask for keys to your home and any other personal property of yours the PCA may have.
5. Be prepared for the PCA to be upset. Remain calm and avoid a confrontation.
6. Be firm, but kind. Say that things are just not working out and while you both have tried, it is just not enough.
7. Don't change your mind once you have decided. If you change your mind about firing the PCA, things may not improve and could get considerably worse.
8. Notify your PCA Choice agency immediately.
9. The final paycheck for a fired PCA should be requested immediately. Make sure you have the correct address.

Part 10:

RECORD KEEPING



Time sheets

It is important for you to keep track of the hours your PCAs work for you. The hours they work should be recorded on a time sheet which you will need to sign to verify the times they worked for you. It is also **important to make sure you sign completed time sheets only**. Do not sign blank time sheets.

In PCA Choice, you or your agency may provide time sheets. (See *Appendix N, page 77, for a Sample PCA Time sheet.*) You and your PCA can talk about who should turn in time sheets to make sure PCAs get paid on time.

Files to Keep

As a PCA consumer, it is a good idea to keep the following information in a folder:

- Your public health nurse assessment
- Your service agreement letter from DHS
- Your care plan
- Your doctor's statement of need for a PCA
- Your PCA agency policies or agreement forms
- Your back-up and emergency plans with phone numbers
- Your PCA agency contact information
- Copies of the PCA's time sheets and the tasks done by your PCA during the day. The PCA is responsible for writing down tasks done throughout the day.

▶ **Under PCA Choice**, since you are responsible for staffing, it is also essential that you keep records of all of your PCAs.

Maintain a file for all current and potential PCAs (those you have interviewed). Here is a summary of what should go in those files:

- Contact information for all PCAs
- Signed job application

- Resumé and/or job history and references
- Copy of all signed agreements (current PCAs)
- All written evaluations (current PCAs)
- Completed time sheets (current PCAs)

Time sheets

If you have a traditional provider agency, then:

Your provider will provide time sheets to your PCA. You will still need to sign them to ensure the hours your PCA worked are accurate.

Part 11:

FREQUENTLY ASKED QUESTIONS



Below is a list of frequently asked questions. If the question has been covered in the handbook, please refer back to the section or page listed after the question.

1. When a person cannot direct his or her own care, who can be a responsible party?

A responsible party is someone who actively participates in the planning and directing of a consumer's PCA services. *(See page 7 for more information.)*

2. What is in the service agreement letter?

This computer-generated letter reports the total number of PCA units and Qualified Professional units that have been approved for your use. It will state the length of time for which the service agreement has been authorized. This is important to know if you are monitoring the use of your PCA units/hours when using the Flexible Service Use Option. Your appeal rights are on the back of the letter.

3. What is a care plan?

A care plan specifies the types of assistance you need and when you need it. A Qualified Professional may develop your care plan or you may develop your own care plan along with assistance from your doctor. *(See page 13 for more information and Appendix A, page 37, For Sample PCA Care Plan.)*

4. Can I use more than one provider agency to provide PCA services?

The answer depends on the type of provider you have chosen.

Yes — If you are using the traditional service provider option or home health care agency, then you can use more than one agency to meet your PCA staffing needs.

No — If you are using the consumer directed/PCA Choice option. You can use only one PCA Choice agency since you are responsible for finding and managing your own staff.

5. What does appeal mean?

An appeal is a challenge about against a decision that was made. *(See page 12 for more information.)*

6. Why do I need to have doctor's statement of need?

This is a requirement of the PCA Program. If you are using a traditional provider or home health care agency, the agency is responsible for getting the doctor's statement of need. If you are using the PCA Choice Option and a PCA Choice Agency, **YOU** are responsible for getting doctor's statement of need and filing them with your care plan.

7. What is the "Home Care Bill of Rights?"

This is a document that the State of Minnesota requires for all persons receiving home health services. It makes clear the rights of consumers. You have the right to participate in the planning of services you receive at home. These services need to be written down along with the plan to provide them. You also have the right to refuse services. Ask your provider for a copy of the "Home Care Bill of Rights."

8. Why is a criminal background check required for PCAs?

The background check is to ensure your safety. The purpose is to see if a PCA has committed a felony or gross misdemeanor.

Part 12:

DEPARTMENT OF HUMAN SERVICES RESOURCE LIST



Statewide Information and Assistance	www.Minnesotahelp.info
Emergency help – police, fire, health	9-1-1
Minnesota Department of Human Services Contact Information:	
Appeals and Regulations Division	(651) 296-5764 or (800) 657-3510
Recipient Help Desk	(651) 296-7675 or (800) 657-3739
Continuing Care Web site	www.dhs.state.mn.us/Contcare/main
Surveillance and Review Section.....	(800) 657-3750, Metro area: (651) 431-2700
Office of Ombudsman for Older Minnesotans	(800) 657-3591 or (800) 627-3529 (TTY/TDD)
Senior Linkage Line	(800) 333-2433
Disability Linkage Line	(866) 333-2466
College of Direct Supports	(865) 934-0221
	http://www.collegeofdirectsupport.com
Provider Call Center.....	(800) 366-5411, (651) 431-2700 in the Metro area
	www.dhs.state.mn.us/provider/pca

List of Reference Materials

AVOIDING Attendants from HELL: A Practical Guide to Finding, Hiring & Keeping Personal Care Attendants. 2nd Edition. June Price. Science and Humanities Press. 1998.

www.sciencehumanitiespress.com

CDAS — Training Manual, State of Colorado, Department of Health Care Policy and Financing.

Consumer-Directed Personal Care Services, Consumer Training Manual. Access Alaska, Inc. info@accessalaska.org

Managing Personal Assistants: A Consumer Guide. Paralyzed Veterans of America. <http://www.pva.org>

Personal Assistance Services – Users Manual. Everett, Washington, <http://www.wa-ilsc.org>

PCA Time sheet, Metropolitan Center for Independent Living, St. Paul, MN.

Appendix A:

SAMPLE PCA CARE PLAN



PCA Care Plan

Name:	Date:
-------	-------

After completion of the PCA Care plan, give a copy to all your PCAs and another to your PCA agency. Use the Public Health Nurse's assessment to complete this plan.

Activities of daily living

Check the box that identifies the amount of help you need to complete daily tasks. Make comments about any special needs you have including physical limitations, precautions or reminders.

Task	No Help	Some Help	Total Help	Comments
Bathing (tub/shower/bed bath) (includes getting into tub/shower, washing hair and body, getting out of tub/shower, drying off or bed bath process)				
Dressing (includes choosing clothes, reaching clothes, getting dressed and/or undressed)				
Grooming (includes brushing and styling hair, brushing teeth, shaving, applying make-up and/or lotions)				
Mobility (driving) (includes use of vehicle to move from one place to another)				
Mobility (walking) (includes assistance with crutches, walkers, balancing, or general help with walking)				
Mobility (wheelchair) (includes pushing of a manual wheelchair, clearing a path for the wheelchair, opening doors, daily maintenance of the wheelchair)				
Positioning (includes amount of help needed for comfort or to relieve pressure while sitting or sleeping or positioning of pillows or wedges)				
Toileting (includes assistance needed for bowel programming, catheter and/or colostomy cares, and general toileting assistance)				
Transfers (includes moving from one position to another. Ex: moving from bed to a wheelchair or sitting to standing position)				

Other living supports

Check the box that identifies the help you need to complete daily tasks. Make comments about any special needs you have including physical limitations, precautions or reminders.

Task	Assistance Needed	✓	Comments
Meal Planning and Food Preparation	Menu Planning		
	Grocery Shopping		
	Putting food away in cupboards and refrigerator		
	Preparing food (cutting, cooking)		
	Putting food on plates and table		
	Serving food		
	Clearing the table		
	Putting away leftovers		
	Washing dishes/putting dishes in dishwasher		
Laundry	Sorting clothes		
	Putting soap in the washing machine		
	Putting clothes in the washing machine		
	Putting clothes in the dryer		
	Folding clothes		
	Ironing clothes		
	Putting clothes away		
Medical Appointments	Assistance into vehicle		
	Driving (or arranging transportation)		
	Help into/out of the building and office		
	Registering as a patient		
	Going into exam room		
	Taking notes during exam		
	Filling prescriptions		

Other living supports continued

Task	Assistance Needed	✓	Comments
Light Housekeeping and Essential Household Chores	Sweeping		
	Mopping		
	Vacuuming		
	Dusting		
	Taking out the garbage		
	Making the bed		
	Cleaning the refrigerator		
	Cleaning the bathroom		
Shopping	Preparing a shopping list		
	Assistance into the vehicle		
	Driving (or arranging transportation)		
	Help into/out of the store		
	Selecting the items off the shelves		
	Carrying the items		
	Putting them away at home		
Accompany to events or outings	Keeping calendar of events		
	Getting directions		
	Assistance into vehicle		
	Driving (or arranging transportation)		
	Help into/out of the building or event		
	Help at the meeting		
Other:			

Health-Related Care Needs

Identify the special health care needs you have. These are in the Public Health Nurse's needs assessment. Also include how the PCA will help you. Include cares such as: wound cares, non-sterile respiratory cares, monitoring and safety precautions for seizures, physical therapy needs (range of motion exercises, ambulation, pool therapy, strengthening exercises). Use extra pages if you need them.

Your doctor or qualified professional needs to give direction to the PCA for these cares!

Special Health Care Needs:

Instructions for PCA Help:

Behavioral-Related Care Needs

Check the Public Health Nurse's assessment for any behaviors that might affect your ability to function at home or in the community. Write down how that PCA should help you. Use extra paper if needed.

✓ Attach the Behavioral Intervention Plan to this Care Plan

Appendix B:

SAMPLE JOB DESCRIPTION QUESTIONS



Job Description Questions

Here is a list of questions that could be used to develop a job description:

- Brief Summary of Work
- What are the qualifications for this job?
(Examples: dependability, able to follow directions, need a valid driver's license, knows first aid, able to lift a certain amount, knows any special medical training, etc...)
- Need to possess a Social Security # or permit to work in this country
- Any educational/training requirements?
- What are duties of this job?
- What personal cares need to be done?
(Examples: bathing, grooming, cooking, laundry, toileting, driving and transfers)
- Are there any preferences?
(Examples: animal lover, smoker or non-smoker, language skills)
- What are the shift times?
- What is the salary?

Appendix C:

SAMPLE PCA JOB DESCRIPTIONS



PCA Job Descriptions

Personal Care Assistant

DUTIES: The person in this position will assist the employer with activities of daily living. The employer is a 25 year-old man who has a physical disability, lives in his own apartment and uses a wheelchair. Specific activities include assistance with bathing, dressing, personal hygiene, toileting (includes bowel and bladder care), eating, transferring to and from the wheelchair, taking medications and range of motion exercises. The position also involves meal preparation, housekeeping, shopping, laundry and other household chores. The position requires a valid Minnesota driver's license, as the attendant will drive the employer's adapted van occasionally.

EDUCATION AND EXPERIENCE: Nothing specific is required, though some experience providing attendant services in the home of a person with a disability is helpful.

SALARY RANGE: \$9.50 to \$11.50 an hour depending upon experience.

BENEFITS: Health insurance, sick and vacation leave, worker's compensation.

HOURS: 2 hours a day in the early morning, typically 6:00 to 8:00 a.m., and some weekend hours.

OTHER REQUIREMENTS: The person selected should be prompt, reliable, and able to work independently and have good personal hygiene. The person selected must submit to a criminal background check

Adapted from the State of Colorado Department of Health Care Policy and Financing, CDAS – Training Manual

Personal Assistant Needed

Summary of Work:

The personal assistant will provide valuable supportive services to a person with physical disabilities.

Qualifications:

- Must be dependable, drug and alcohol free, and able to follow directions
- Must have documentation of current immunizations, TB test and hepatitis B vaccine
- Should have basic first aid training and CPR certification
- Should be able to lift 100 pounds
- Must have state driver's license
- Must have a Social Security Number or a permit to work in this country

Duties:

The duties of this job include, but are not limited to:

- Personal care services such as bathing, skin care, shampoo, grooming, caring for teeth, helping in and out of bed and assistance with medications
- Assistance with bowel and bladder care by performing catheterization, emptying catheter and changing colostomy drainage bags.
- Assistance with transfers, range of motion exercises, and other activities to increase muscle strength, self-care and independence.
- Housekeeping, including vacuuming, cleaning bathroom, making bed, etc.
- Shopping, grocery and personal
- Driving on occasion
- Participation in in-service education programs on aspects of the employer's disability
- Animal care

Schedule:

Be available to work Monday through Friday 7:00 a.m. – 9:30 a.m. and 6:30 p.m. – 9:00 p.m. Occasional work on weekends.

Salary:

\$9-\$11 per hour, depending on qualifications and experience.

Adapted from the Paralyzed Veterans of America's Managing Personal Assistance: A Consumer's Guide

Appendix D: SAMPLE JOB APPLICATION



Job Application: Please Print or Type

Name First		Middle	Last	
Address		City	State	Zip
Phone number ()		Social Security Number	Driver's License Number	State Issued:

Education:

Name	City/State	Years Attended	Date Graduated
High School			
College			
Other Education			

Employment History:

1. Employer		Phone number ()	
From	to	Position or Title	
Supervisor's Name			
Reason for leaving			
2. Employer		Phone number ()	
From	to	Position or Title	
Supervisor's Name			
Reason for leaving			
3. Employer		Phone number ()	
From	to	Position or Title	
Supervisor's Name			
Reason for leaving			

—Turn Page Over —

What days are you available to work?	What times?
Are you available on short notice? Yes No	Would you want extra hours? Yes No

Please fill out the employment reference information:

1. Name	Phone number()
Company	City/State
Relationship to you	
Can I contact this person? Yes No	
2. Name	Phone number()
Company	City/State
Relationship to you	
Can I contact this person? Yes No	
3. Name	Phone number()
Company	City/State
Relationship to you	
Can I contact this person? Yes No	
I declare that all information provided is true and complete. My signature on this document provides permission to contact my references for more information and conduct a criminal background check if necessary.	
Signature	Date

Appendix E:

INTERVIEWS AND THE LAW



You cannot ask certain questions at any time during the applicant search or interview process. These questions, if asked, violate the Minnesota Human Rights Act. The following are guidelines on what you can or cannot ask or do during an interview.

Subject	Do NOT Ask or Do	May Ask or Do
Marital Status	Are you married? Single? Divorced? Engaged? Separated? Maiden Name?	AFTER hire, marital status for insurance or tax needs only
Children	Do you have children at home? How old? Who takes care of them? Do you plan to have children?	AFTER hire, number and ages of children for insurance needs only
Housing	Do you own your home? Do you rent? Do you live in an apartment or a house?	If you have no telephone, how can I reach you?
Criminal Record	Have you ever been arrested or spent time in jail?	If criminal background checks are required, you may ask, "Have you ever been convicted of a serious crime?"
Military Status	What type of military discharge do you have? In what branch did you serve?	Are you a veteran? Do you have job-related military experience?
National origin	Of what country are you a citizen? Nationality of applicant's parents. Native-born or naturalized? Languages commonly used by applicant.	Are you an U.S. citizen? If not, do you have the legal right to remain permanently in the U.S.? Languages applicant speaks and writes fluently are O.K.
Age	How old are you?	Are you over 18? Age may be asked when an employee must be of a legal minimum age. AFTER hire, exact age or date of birth can be asked.
Ethnic background	Any questions about ethnic origin. Any notes regarding complexion or color of skin	
Religion		AFTER hire, you may ask about religious observances that might interfere with work

Personal Reference Form

Applicant's Name:
Reference's Name:
Reference's Phone Number:
Relationship to applicant:
I, _____, authorize _____ (applicant) (reference) to release information to _____ so they (consumer) may further evaluate my qualifications.
Applicant's Signature:
Date:

Appendix G:

PCA FACE-TO-FACE INTERVIEW QUESTIONS



Here is a list of example questions that could be included in a job description:

1. Have you ever worked as a PCA before? Where? How long?
2. What is your experience with people with disabilities?
3. Why are you interested in being a PCA?
4. Are you looking for temporary or permanent work?
5. What are other jobs that you have had?
6. What did you like or dislike about those jobs?
7. Why did you leave those jobs?
8. Talk about the job description and the duties they would need to perform. Then ask if any of these tasks make you uncomfortable? Why?
9. Do you prefer a job which is highly structured or one that is more flexible (i.e., regular hours or a changing schedule)?
10. Tell me about a mistake you had at a previous job and how you handled it?
11. How would you get to work?
12. What hours and days are you available?
13. Everyone who works as a PCA must pass a criminal background check. Is this going to be a problem?

Appendix H:

SAMPLE PCA REFERENCE CHECK QUESTIONS



It is good to begin the conversation with an introduction of why you are checking this reference and then briefly explain the job description. Then, you can begin to ask questions.

Here is a list of questions you could ask an **employer reference** for a potential PCA:

1. How long did (insert name) work for you?
2. Was (insert name) dependable?
3. How was (insert name) attendance?
4. Do you consider (insert name) to be honest?
5. How did (insert name) take supervision?
6. Can (insert name) work independently?
7. Did (insert name) get along with other employees?
8. Would you hire (insert name) again?

Here is a list of questions you could ask a **personal reference** for a potential PCA:

1. What is your relationship with (insert name)?
2. How long have you known (insert name)?
3. In your opinion, is (insert name) trustworthy?
4. Would you want (insert name) to work for you in my situation?
5. Are there any outstanding things, either positive or negative, I should know about (insert name) before hiring them?

Appendix I:

SAMPLE WRITTEN AGREEMENTS



Consumer and PCA Choice Provider Agreement

Agreement between _____

Consumer

and _____ located at _____ an enrolled PCA Choice Provider with the State of Minnesota.

Purpose

We enter into this agreement to become joint employers of record for PCA services received by the Consumer using _____, a PCA Choice provider.

Term

This agreement is effective on _____ (date services begin) and will remain in effect until either party chooses to terminate.

Consumer Roles and Responsibilities

As a consumer using _____ as my PCA Choice provider, I, or my responsible party, agrees to the following responsibilities:

1. Accept responsibility for my health and safety, meaning I will find staff or supports that ensure my health and safety needs are met.
2. Ensure that I meet the conditions to use or continue to use a PCA Choice Provider. These include, but are not necessarily limited to:
 - the consumer must be able to direct the consumer's own care, or the responsible party for the consumer must be readily available to direct the care provided by the personal care assistant;
 - the consumer or responsible party must be knowledgeable of the health care needs of the consumer and be able to effectively communicate those needs;
 - a face-to-face assessment must be conducted by the local county public health nurse at least annually, or when there is a significant change in the consumer's condition or change in the need for personal assistant services;
 - consumers who choose to use the shared care option must utilize _____; and
 - parties must be in compliance with the written agreements entered into as joint employers with _____.
 - the consumer is responsible for obtaining the doctor's statement of need for PCA services.
 - the consumer must be certain that timesheets submitted by PCAs accurately document the times of service and tasks performed.

3. As a joint employer with _____, I will enter into written agreements with each of my PCAs and Qualified Professionals (QP) before I receive their services.
4. Abide by all of the Consumer responsibilities as set forth in the written agreements that outline the responsibilities of the consumer, _____, and the personal care assistants and qualified professionals that I choose to hire.
5. Abide by all of the policies set forth in the _____ Consumer Program manual.
6. Set hourly wages and benefits for my PCA and QP staff within the ranges and parameters agreed upon with _____ as provided on the Consumer Pricing Schedule.

Provider Roles and Responsibilities

As your PCA Choice provider, _____ agrees to perform the following responsibilities:

1. Enroll and meet all standards as a PCA Choice Provider with the Minnesota Department of Human Services, including passing a criminal background check.
2. As a joint employer with the Consumer or responsible party, enter into written agreements with each PCA and/or Qualified Professional the consumer chooses to hire before services are provided to the Consumer.
3. Abide by all of the _____ responsibilities set forth in the written agreements with each of the PCAs and Qualified Professionals that the consumer chooses to hire.
4. Pay the personal care assistant(s) at the rate determined by the Consumer, not to exceed the guidelines provided in the _____ Consumer Pricing Schedule. Refer to individual Written Agreements between _____, Consumer and PCA for individual PCA payment rates.
5. Pay the qualified professional (if applicable) at the rate determined by the consumer, not to exceed the guidelines provided in the _____ Consumer Pricing Schedule. Refer to individual Written Agreements between _____, Consumer and QP for individual QP payment rates.

Regulatory Compliance

Both parties are responsible for complying with all rules and regulations related to PCA Choice. This includes, but is not limited to: state Vulnerable Adults Act, Data Privacy, PCA regulations, including assistance with medication administration, Department of Labor laws and the Nurse Practice Act, governing overtime.

Cancellation and Amendments

Either party may choose to cancel or amend this contract at any time by providing written notice.

Signed _____ Date _____
Consumer / Responsible party

Signed _____ Date _____
PCA Agency

Consumer Pricing Schedule

For _____
Consumer

Effective Date: _____

These rates remain in effect until further notice and supersede previously published rates.

Hourly Rates for PCAs and QPs

Maximum Hourly Rate allowed for Personal Care Assistants: \$ _____

Maximum Hourly Rate allowed for Qualified Professionals: \$ _____

Benefit Rates for PCAs and QPs

No additional benefits are available at this time. _____ will notify you of benefit availability. All benefit rates will be deducted from or reimbursed to employee paychecks.

OR

Benefit #1: \$ _____ per paycheck

Benefit #2: \$ _____ per paycheck

Benefit #3: \$ _____ per referral – employed for 3 months

Benefit #4: \$ _____ per mile

Benefits are subject to qualification. Contact _____ for information and to enroll employees in any of these benefit plans.

Administrative Fees

_____ retains \$ _____ / hour — PCAs and \$ _____ / hour — QPs as an administrative fee. This fee covers fiscal intermediary and enhanced program services including:

- Background checks
- One time PCA/QP Set-up Costs
- Payroll processing
- Employer Responsibility Taxes and Insurance

Consumer

Date

Provider

Date

Agreement for Provider and PCA

Personal Care Assistant Services

This Agreement is made this _____ day of _____, 20____, by and between _____ located at _____ an enrolled PCA Choice Provider with the State of Minnesota, and _____, hereby referred to as Consumer, and _____, hereby referred to as Personal Care Assistant and remains in effect until any party chooses to terminate this agreement in writing.

Purpose

We enter into this agreement to provide personal care assistant services for the Consumer.

Consumer Roles and Responsibilities

As a consumer using _____ as my PCA Choice provider, I, or my responsible party, agrees to the following responsibilities:

1. Accept responsibility for my health and safety, meaning I will find staff or supports that ensure my health and safety needs are met.
2. Develop and revise, as needed, a service care plan that details my health, safety and care needs and schedule based on my physician's orders and public health nurse assessment. This plan may be developed and revised with the assistance of my doctor and/or qualified professional if I choose to have one.
3. Recruit, interview and hire my own Personal Care Assistant (PCA) staff. All staff must pass a criminal background check, facilitated by _____, to ensure they have no prior criminal record that disqualifies them from being employed as a personal care assistant.
4. Ensure that PCA staff hired can adequately perform the tasks and care that I need.
5. As a joint employer with _____, enter into a written agreement with each of my PCAs before I receive their services.
6. Refer individuals to _____ to fill out necessary forms to be paid as my PCA.
7. Ensure that I have adequate backup staff or support in case a regularly scheduled PCA is unable to fulfill their duties as scheduled.
8. Provide orientation and training to my PCA staff. I can have my qualified professional assist me if I choose to have one.
9. Recruit, interview and hire my own qualified professional if I would like assistance in orienting, supervising, training, and/or evaluating my PCA staff

or developing my service plan based on my doctor's recommendations and my public health nurse assessment. I understand that the qualified professional must be a Registered Nurse (RN), Licensed Social Worker or Mental Health Professional and must pass a criminal background check, facilitated by _____, to ensure they have no prior criminal record that disqualifies them from being employed as a qualified professional.

10. Verify and provide documentation of the credentials of my chosen qualified professional if I choose to have one.
11. Provide ongoing supervision and evaluation of my PCA staff with assistance, as needed, from my doctor or qualified professional if I choose to have one.
12. Schedule my PCA staff.
13. Manage the use of my PCA allocated hours/units to ensure I do not use more than the allocated hours/units in my service plan.
14. Abide by Department of Labor regulations regarding overtime. I will make every effort to manage my PCA schedule to avoid the payment of overtime. If I will need to pay overtime, I will contact the _____ Program Coordinator in advance for approval or alternatives.
15. Monitor, ensure accuracy and verify time worked by my PCAs. Sign verified time cards for my PCA staff. PCAs must indicate services provided during the hours worked. Time cards are submitted to _____ weekly and must be received at the _____ office by noon on Wednesday to ensure payment occurs on schedule. See Payroll Schedule for Payroll dates. Time cards may be submitted by U.S. Mail, Fax or delivered in person to the _____ office.
16. Notify the county Public Health Nurse, waiver service coordinator or otherwise appropriate individual when it is time for a reassessment of my need for PCA services or if there is a change in condition or change in the level of services that I need. I will inform them of my intent to use a PCA Choice Provider.
17. Notify _____ of my hospitalization dates throughout our service agreement.
18. Terminate my PCA staff if necessary. I will immediately notify _____ when termination occurs and the effective date of that termination. I will notify _____ if assistance is needed in terminating an employee.
19. Contact the _____ Program Coordinator in the event of a billing or payment complaint. _____ is committed to providing a timely response to all inquiries.
20. Notify _____ in writing if I want to terminate this agreement at any time.

Provider Roles and Responsibilities

As your PCA Choice provider, _____ agrees to perform the following responsibilities:

1. Enroll and meet all standards as a PCA Choice Provider with the Minnesota Department of Human Services, including passing a criminal background check.
2. As a joint employer with the consumer or responsible party, enter into a written agreement with each PCA the Consumer chooses to hire before services are provided to the Consumer.
3. Maintain consumer files including the doctor's statement of need, care plan, authorization of hours and signed contract.
4. Maintain individual PCA files, including criminal background check, signed contract and timesheets which include documentation of services provided.
5. Obtain releases, request and secure background checks according to the State of MN Human Services Licensing Act for all PCAs referred.
6. Bill the Department of Human Services or appropriate health care plan for personal care assistant services rendered.
7. Pay the personal care assistant(s) at the rate determined by the consumer as provided on the _____ PCA Pricing Schedule.
8. Administer the applicable benefits for personal care assistants and qualified professionals that are arranged for between the consumer, PCA and _____ Program Coordinator. See the PCA Pricing Schedule for specific benefit rates.
9. Withhold and remit all applicable state and federal taxes from personal care assistants' paychecks.
10. Arrange for and pay the employers share of payroll taxes, unemployment insurance, workers compensation insurance and liability insurance for all staff.
11. Issue paychecks every two weeks according to the Payroll Schedule.
12. Keep records of the hours worked by personal care assistants and qualified professional (if applicable).
13. Assist consumer in terminating PCAs if requested to do so by the consumer.
14. Assess an administrative fee for the provision of PCA Choice Provider services. Refer to the PCA Pricing Schedule for current Administrative Fees.
15. Ensure _____ is not related to the recipient or personal care assistant.
16. Ensure arms length transactions with the recipient and personal care assistant.

Personal Care Assistant Roles and Responsibilities

As a personal care assistant employed by the Consumer and

_____, I agree to the following responsibilities:

1. Enter into a written agreement with the consumer and _____, as joint employers, before providing services to the consumer.
2. Complete all required forms and provide necessary information to _____, including criminal background check verification, prior to providing services to the Consumer.
3. Pass a criminal background check, a requirement of eligibility to be a personal care assistant.
4. Obtain training from the Consumer, with assistance from a qualified professional (if applicable), to ensure I can satisfactorily perform all responsibilities in the consumer's plan of care.
5. Work at scheduled times as determined by the Consumer, notifying the Consumer of changes as early as possible to arrange for backup assistance.
6. Provide and document personal care services for the Consumer as specified in their plan of care, following written and verbal directions from the Consumer.
7. Assist with activities of daily living (ADLs) as directed.
8. Inform the Consumer about all visible bodily changes that may need medical attention.
9. Keep Consumer's personal life confidential and adhere to data privacy.
10. Observe and stay alert to ongoing instructions by the Consumer.
11. Respect the privacy of the Consumer's personal property.
12. While working within the Consumer's home, maintain respect as a professional and focus on job-related activities. Perform duties in an ethical matter, preserving and respecting the rights and dignity of the Consumer.
13. Be present when working with the Consumer in their service environment, and leave only when the shift is completed.
14. Communicate respectfully and directly to the Consumer regarding services.
15. When assisting with the transportation of the Consumer, request that seat restraints are used properly and consistently.
16. Follow safety procedures and work to identify my safety needs and those of the Consumer.
17. Support the Consumer when they participate in community activities, relationships and involvement with others.
18. Comply with policies, procedures and training provided by the Consumer and/or _____.
19. If I am unavoidably going to be late for a scheduled work shift, I will make every attempt to notify the Consumer.
20. Accurately document time worked for Consumer and cares given by promptly completing and signing time sheets. Submit time sheets to _____ weekly to be paid every two weeks according to the Payroll Schedule. Time sheets can be submitted

via Fax, U.S. Mail or delivered in person and must be received in the _____ office by noon each Wednesday.

21. As a matter of courtesy, give the Consumer a minimum of two weeks notice if I want to terminate my employment as their PCA.

22. *Optional for Consumer* _____

23. *Optional for Consumer* _____

_____ *PCA Initials*

Grievance Procedures

_____ believes it is in the best interest of employees and management to have an environment where concerns are openly discussed. For this reason, PCAs are encouraged to bring all work-related issues to their manager, the Consumer. Consumers are encouraged to address issues directly with their PCA. If the PCA and Consumer are unable to resolve the issue, they may bring the issue to the _____ Program Coordinator. If the _____ Program Coordinator cannot resolve the issue, the issue may be brought to the Managing Director. _____ is committed to providing a timely response to concerns brought forward.

Regulatory Compliance

Both parties are responsible for complying with all rules and regulations related to PCA Choice. This includes, but is not limited to: state Vulnerable Adults Act, Data Privacy, PCA regulations and the Nurse Practices Act, including assistance with medication administration, and Department of Labor laws governing overtime.

Cancellation and Amendments

Employees may resign their employment with the Consumer and _____, as joint employers, at any time for any reason or no reason, and the Consumer and _____ reserve the same right regarding the discontinuation of an individual's employment.

Any party may choose to cancel or amend this agreement at any time.

Signed _____
Consumer / Responsible party Date

Signed _____
PCA Choice Agency Date

Signed _____
Personal Care Assistant Date

Agreement for Provider and QP

Personal Care Assistant Services

This Agreement is made this _____ day of _____, 20____, by and between _____ located at _____, an enrolled PCA Choice Provider with the State of Minnesota, and _____, hereby referred to as Consumer, and _____, hereby referred to as Assistant (PCA), and remains in effect until any party chooses to terminate his agreement in writing.

Purpose

We enter into this agreement to provide personal care assistant services for the Consumer.

Consumer Roles and Responsibilities

As a consumer using _____ as my PCA Choice provider, I, or my responsible party, agrees to the following responsibilities:

1. Accept responsibility for my health and safety, meaning I will find staff or supports that ensure my health and safety needs are met.
2. Develop and revise, as needed, a service care plan that details my health, safety and care needs and schedule based on my physician's statement of need for PCA services and public health nurse assessment. This plan may be developed and revised with the assistance of my doctor and/or qualified professional if I choose to have one.
3. Recruit, interview and hire my own Personal Care Assistant (PCA) staff. All staff must pass a criminal background check, facilitated by _____, to ensure they have no prior criminal record that disqualifies them from being employed as a personal care assistant.
4. Ensure that PCA staff hired can adequately perform the tasks and care that I need.
5. As a joint employer with _____, enter into a written agreement with each of my PCAs and Qualified Professionals (QP) before I receive their services.
6. Refer individuals to _____ to fill out necessary forms to be paid as my PCA and/or QP.
7. Ensure that I have adequate backup staff or support in case a regularly scheduled PCA is unable to fulfill their duties as scheduled.
8. Provide orientation and training to my PCA staff. I can have my qualified professional assist me if I choose to have one.
9. Recruit, interview and hire my own qualified professional if I would like assistance in orienting, supervising, training, and/or evaluating my PCA staff or developing my service plan based on my doctor's recommendations and my public health nurse assessment. I understand that the qualified professional must be a Registered Nurse (RN), Mental Health Professional or Licensed Social Worker and must pass a criminal background check, facilitated by _____.

_____, to ensure they have no prior criminal record that disqualifies them from being employed as a qualified professional.

10. Verify and provide documentation of the credentials of my chosen qualified professional if I choose to have one.
11. Provide ongoing supervision and evaluation of my PCA staff with assistance as needed from my doctor or qualified professional.
12. Schedule my PCA and QP staff.
13. Manage the use of my PCA and QP allocated hours/units to ensure I do not use more than the allocated hours/units in my service plan.
14. Abide by Department of Labor regulations regarding overtime. I will make every effort to manage my PCA schedule to avoid the payment of overtime. If I will need to pay overtime, I will contact the _____ Program Coordinator in advance for approval or alternatives.
15. Monitor, ensure accuracy and verify time worked by my PCAs and QP (if applicable.) Sign verified time cards for my PCA staff and/or qualified professional. Time cards are submitted to _____ bi-weekly and must be received at the _____ office by noon on Wednesday to ensure payment occurs on schedule. See Payroll Schedule for payroll dates. Time cards may be submitted by U.S. Mail, Fax or delivered in person to the _____ office.
16. Notify the county Public Health Nurse, waiver service coordinator or otherwise appropriate individual when it is time for a reassessment of my need for PCA services or if there is a change in condition or change in the level of services that I need. I will inform them of my intent to use a PCA Choice provider.
17. Notify _____ of my hospitalization dates throughout our service agreement.
18. Terminate my PCA staff or qualified professional if necessary. I will immediately notify _____ when termination occurs and the effective date of that termination. I will notify _____ if assistance is needed in terminating an employee.
19. Contact the _____ Program Coordinator in the event of a billing or payment complaint. _____ is committed to providing a timely response to all inquiries.
20. Notify _____ in writing if I want to terminate this agreement at any time.

Provider Roles and Responsibilities

As your PCA Choice provider, _____ agrees to perform the following responsibilities:

1. Enroll and meet all standards as a PCA Choice Provider with the Minnesota Department of Human Services, including passing a criminal background check.
2. As a joint employer with the consumer or responsible party, enter into a written agreement with each PCA and/or Qualified Professional the Consumer chooses to hire before services are provided to the Consumer.
3. Obtain releases, request and secure background checks according to the State of MN human services licensing act for all PCAs and QPs referred.
4. Bill the Department of Human Services or appropriate health care plan for personal care assistant and qualified professional (if applicable) services rendered.
5. Pay the personal care assistant(s) at the rate determined by the consumer as provided on the _____ PCA Pricing Schedule.
6. Pay the qualified professional (if applicable) at the rate determined by the consumer as provided on the _____ Qualified Professional Pricing Schedule.
7. Administer the applicable benefits for personal care assistants and qualified professionals that are arranged for between the consumer, PCA/QP and _____ Program Coordinator. See the PCA and QP Pricing Schedules for specific benefit rates.
8. Withhold and remit all applicable state and federal taxes from personal care assistants' and qualified professional's paychecks.
9. Arrange for and pay the employers share of payroll taxes, unemployment insurance, workers compensation insurance and liability insurance for all staff.
10. Issue paychecks every two weeks according to the Payroll Schedule.
11. Keep records of the hours worked by personal care assistants and qualified professional (if applicable).
12. Assist consumer in terminating PCAs and QPs if requested to do so by the consumer.
13. Assess an administrative fee for the provision of PCA Choice Provider services. Refer to the PCA and Qualified Professional Pricing Schedules for current Administrative Fees.
14. Ensure _____ is not related to the recipient, qualified professional or personal care assistant.
15. Ensure arms length transactions with the recipient and personal care assistant.

Qualified Professional Roles and Responsibilities

If the Consumer chooses to hire a Qualified Professional, they agree to the following responsibilities:

1. Hold the appropriate credentials to serve as a qualified professional by being either a Registered Nurse, Licensed Social Worker or Mental Health Professional.
2. Provide documentation of their credentials as a Registered Nurse, Licensed Social Worker or Mental Health Professional to the consumer.

3. Enter into a written agreement with the consumer and _____, as joint employers, before providing services to the consumer.
4. Complete all required forms and provide necessary information to _____, including criminal background check verification, prior to providing services to the Consumer.
5. Pass a criminal background check, a requirement of eligibility to be a qualified professional.
6. Visit the consumer face-to-face in the consumer's home at least once annually.
7. If requested by the consumer, assist the consumer in developing and revising a care plan to meet the consumer's needs, as assessed by the public health nurse.
8. Based on the Public Health Nurse assessment, determine which tasks are to be supervised by the QP or physician and which tasks can be safely supervised by the Consumer or responsible party. Health-related tasks are required to be under the direction of a QP or physician.
9. If requested by the consumer, assist the consumer in the orientation, training, supervision and/or evaluation of their PCA staff.
10. Accurately document time worked and services provided for Consumer by promptly completing and signing time sheets. Submit time sheets to _____ bi-weekly to be paid every two weeks according to the Payroll Schedule. Time sheets can be submitted via Fax, U.S. Mail or delivered in person and must be received in the _____ office by noon each Wednesday.
11. As a matter of courtesy, give the Consumer a minimum of two weeks notice if I want to terminate employment as their Qualified Professional.
12. Report any suspected abuse, neglect, or financial exploitation of the consumer to the appropriate authorities.

Personal Care Assistant Roles and Responsibilities

As a personal care assistant employed by the Consumer and

_____, I agree to the following responsibilities:

1. Enter into a written agreement with the consumer and _____, as joint employers, before providing services to the consumer.
2. Complete all required forms and provide necessary information to _____, including criminal background check verification, prior to providing services to the Consumer.
3. Pass a criminal background check, a requirement of eligibility to be a personal care assistant.
4. Obtain training from the Consumer, with assistance from a qualified professional (if applicable), to ensure I can satisfactorily perform all responsibilities in the consumer's plan of care.
5. Work at scheduled times as determined by the Consumer, notifying the Consumer

of changes as early as possible to arrange for backup assistance.

6. Provide personal care services to the Consumer as specified in their plan of care, following written and verbal directions from the Consumer or responsible party.
7. Assist with activities of daily living (ADLs) as directed.
8. Inform the Consumer about all visible bodily changes that may need medical attention.
9. Keep Consumer's personal life confidential and adhere to data privacy.
10. Observe and stay alert to ongoing instructions by the Consumer.
11. Respect the privacy of the Consumer's personal property.
12. While working within the Consumer's home, maintain respect as a professional and focus on job-related activities. Perform duties in an ethical matter, preserving and respecting the rights and dignity of the Consumer.
13. Be present when working with the Consumer in their service environment, and leave only when the shift is completed.
14. Communicate respectfully and directly to the Consumer regarding services.
15. When assisting with the transportation of the Consumer, request that seat restraints are used properly and consistently.
16. Follow safety procedures and work to identify safety needs of myself and the Consumer.
17. Support the Consumer when they participate in community activities, relationships and involvement with others.
18. Comply with policies, procedures and training provided by the Consumer and/or _____ .
19. If I am unavoidably going to be late for a scheduled work shift, I will make every attempt to notify the Consumer.
20. Accurately document time worked and services provided for Consumer by promptly completing and signing time sheets. Submit time sheets to _____ bi-weekly to be paid every two weeks according to the Payroll Schedule. Time sheets can be submitted via fax, U.S. Mail or delivered in person and must be received in the _____ office by noon each Wednesday.
21. As a matter of courtesy, give the Consumer a minimum of two weeks notice if I want to terminate my employment as their PCA.

22. *Optional for Consumer* _____

23. *Optional for Consumer:* _____

Grievance Procedures

_____ believes it is in the best interest of employees and management to have an environment where concerns are openly discussed. For this reason, PCAs and QPs are encouraged to bring all work-related issues to their manager, the Consumer. Consumers are encouraged to address issues directly with their PCA/QP. If the PCA/QP/Consumer is unable to resolve the issue, they may bring the issue to the _____ Program Coordinator. If the _____ Program Coordinator cannot resolve the issue, the issue may be brought to the Managing Director. _____ is committed to providing a timely response to concerns brought forward.

Regulatory Compliance

Both parties are responsible for complying with all rules and regulations related to PCA Choice. This includes, but is not limited to: state Vulnerable Adults Act, Data Privacy, PCA regulations and the Nurse Practices Act, including assistance with medication administration, and Department of Labor laws governing overtime.

Cancellation and Amendments

Employees may resign their employment with the Consumer and _____, as joint employers, at any time for any reason or no reason, and the Consumer and _____ reserve the same right regarding the discontinuation of an individual's employment.

Any party may choose to cancel or amend this agreement at any time.

Signed _____
Consumer/Responsible party Date

Signed _____
Provider Date

Signed _____
Personal Care Assistant Date

Signed _____
Qualified Professional Date

Appendix J:

SAMPLE MONTHLY STAFFING SCHEDULE FOR PCAs



June 2003

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 8-10 AM Joan 6-9 PM Jill	2 6-8 AM Linda 6-10 PM Lou	3 6-8 AM Linda 6-10 PM Lou	4 6-8 AM Linda 6-10 PM Lou	5 6-8 AM Linda 6-10 PM Lou	6 6-8 AM Linda 6-10 PM Lou	7 8-10 AM Joan 6-9 PM Jill
8 8-10 AM Mary 6-9 PM Meg	9 6-8 AM Linda 6-10 PM Lou	10 6-8 AM Linda 6-10 PM Lou	11 6-8 AM Linda 6-10 PM Lou	12 6-8 AM Linda 6-10 PM Lou	13 6-8 AM Linda 6-10 PM Lou	14 8-10 AM Mary 6-9 PM Meg
15 8-10 AM Joan 6-9 PM Jill	16 6-8 AM Linda 6-10 PM Lou	17 6-8 AM Linda 6-10 PM Lou	18 6-8 AM Linda 6-10 PM Lou	19 6-8 AM Linda 6-10 PM Lou	20 6-8 AM Linda 6-10 PM Lou	21 8-10 AM Joan 6-9 PM Jill
22 8-10 AM Mary 6-9 PM Meg	23 6-8 AM Linda 6-10 PM Lou	24 6-8 AM Linda 6-10 PM Lou	25 6-8 AM Linda 6-10 PM Lou	26 6-8 AM Linda 6-10 PM Lou	27 6-8 AM Linda 6-10 PM Lou	28 8-10 AM Mary 6-9 PM Meg
29 8-10 AM Joan 6-9 PM Jill	30 6-8 AM Linda 6-10 PM Lou					

Appendix K:

SAMPLE WEEKLY PCA TASK SCHEDULE



Morning Tasks/Cares (every day of the week)

- Giving morning medications
- Draining leg bag
- Changing catheter and cleaning area
- Grooming (washing face and upper body, brushing teeth, combing hair, applying deodorant)
- Dressing (getting clothes out and helping me put them on)
- Transfer to wheelchair (preparing chair, transfer and positioning in chair)
- Preparing breakfast

Morning Tasks/Cares (Monday-Friday)

- All the cares listed in every day of the week and,
- Showering and washing hair
- Preparing lunch to take to work

Morning Tasks/Cares (Saturday-Sunday)

- All the cares listed in every day of the week and,
- Preparing lunch

Evening Tasks/Cares (every day of the week)

- Preparing supper
- Cleaning up kitchen
- Giving evening medications
- Helping with undressing
- Transfer to bed and positioning once in bed
- Emptying leg bag
- Cleaning of urinary bags
- Charging wheelchair

Housekeeping Chores

- Monday — laundry
- Tuesday — dusting and vacuuming
- Wednesday — grocery shopping
- Thursday — cleaning kitchen and bathroom
- Friday — taking out recycling and garbage

Bowel Cares (Tuesday, Thursday and Sunday evenings)

- Emptying leg bag
- Cleaning of urinary bags
- Assistance with suppositories, evacuation and clean-up

Appendix L:

SAMPLE PCA EVALUATION FORM



Date:

PCA's Name:

Use the following rating scale from 1 to 5 to rate the employee's following attributes:

1. Attendance	1 Poor	2	3 Average	4	5 Superior
Follows work schedule					
Reports to work on time					
No excessive absences					
Gives appropriate notice for absences					

2. Performance	1 Poor	2	3 Average	4	5 Superior
Job knowledge					
Follows instructions					
Ability to work with minimal supervision					
Performs job duties well					

3. Behavior	1 Poor	2	3 Average	4	5 Superior
Trustworthy					
Open to suggestion					
Communicates well					
Positive attitude					
Willing to learn					

4. What areas does the PCA need more training in?

5. What changes does the PCA need to make in work, attitude or behavior?

6. What changes do we need to make to improve our working relationships?

7. List any ideas or concerns the PCA wants to talk about.

Comments

Date of next evaluation:

PCA's Signature: _____

Consumer's Signature: _____

Appendix M: SAMPLE PCA NOTICE OF UNSATISFACTORY JOB PERFORMANCE



Date: _____

To: _____ From: _____

Re: Unsatisfactory Job Performance

As we discussed in our meeting on _____ regarding your recent poor performance and/or behavior on the job, below are listed the items/issues that require improvement and the agreed upon corrective actions/steps you will take to make those improvements:

Issue 1:

Steps toward improvement:

Issue 2:

Steps toward improvement:

Issue 3:

Steps toward improvement:

Please be aware, you are a valuable employee. It is hoped that by addressing the above Issue(s) your job performance will improve and no further corrective measures will be necessary.

Employer Signature: _____

Employee Signature: _____

Appendix N: SAMPLE PCA TIME SHEET



Minnesota legislative changes in 2005 will change this suggested format

PAY PERIOD END DATE:			PERSONAL ASSISTANT NAME:		
Fill in: _____ Month Date Year			CONSUMER NAME:		
DATE	DAY	TIME IN	TIME OUT	SERVICES PROVIDED	HOURS/DAY
/	SAT				
/	SUN				
/	MON				
/	TUE				
/	WED				
/	THU				
/	FRI				
(Please use am, pm, noon, midnight as needed)			TOTAL HOURS for the FIRST WEEK		
DATE	DAY	TIME IN	TIME OUT	SERVICES PROVIDED	HOURS/DAY
/	SAT				
/	SUN				
/	MON				
/	TUE				
/	WED				
/	THU				
/	FRI				
(Please use ink, not pencil)			TOTAL HOURS for the SECOND WEEK		
(Please initial any corrections or changes)			TOTAL HOURS for the TWO-WEEK PAY PERIOD		

We verify that the time and services entered above are accurate.

Consumer's Signature

Personal Assistant's Signature

Last Day of Employment, if terminated: ____/____/____

Complete only if the consumer was hospitalized:	Date	Time
Date and time consumer left home		
Date and time consumer returned home		

