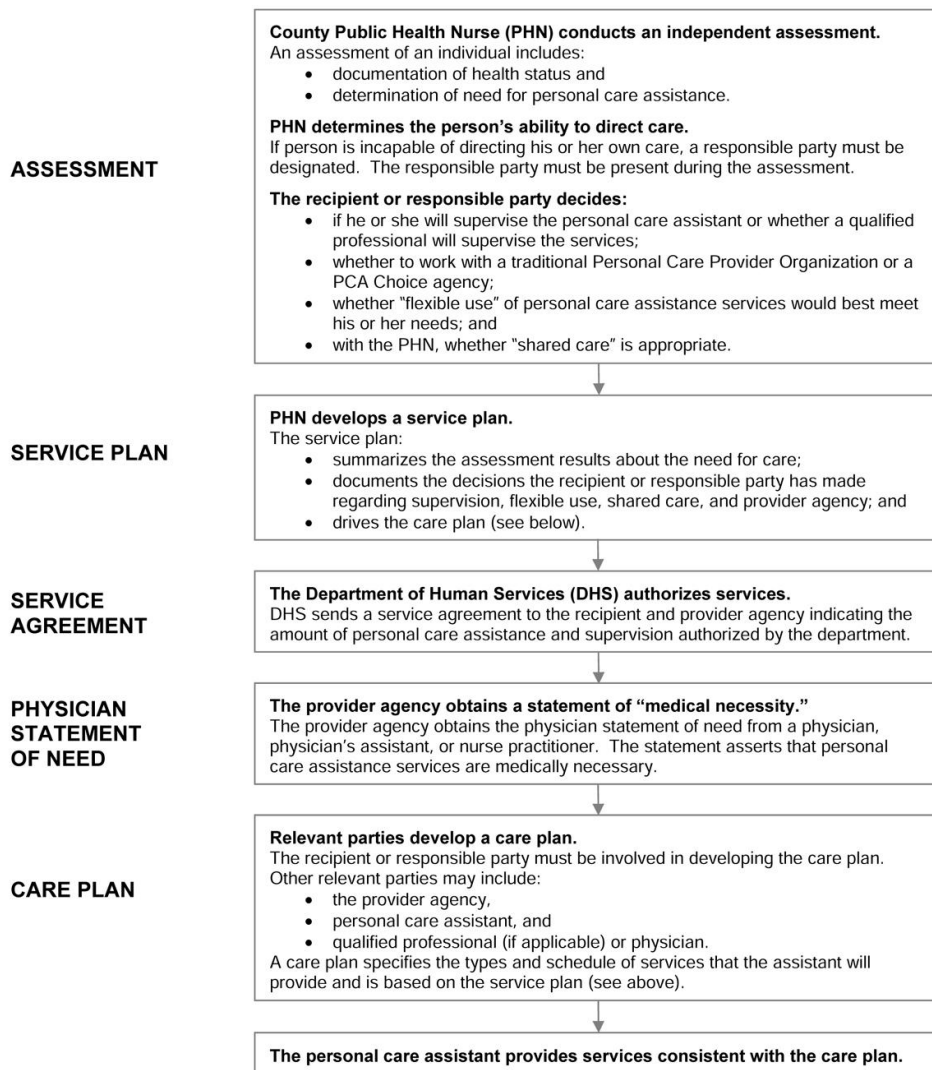


County Role in Personal Care Assistance Program

In addition to PCA services that involve direct assistance to individuals at home or in their communities, Minnesota's publicly funded PCA activities include assessments of individuals' service needs by lead agencies. Assessments determine whether individuals meet access criteria for PCA services and, establishes the appropriate rating which determines the amount of personal care time allowed. Most PCA assessments are conducted by a county public health nurse or a certified public health nurse under contract with the county. For recipients of certain Medicaid waiver services, assessments may be conducted by a county case manager or service coordinator. The "lead agency" authorized to conduct assessments is often the county (or tribe), but may also be a health plan, depending on whether the recipient is enrolled in a managed care plan. Local public health departments are not required to provide case management to Personal Care Assistant (PCA) program consumers. As a consumer-directed program, the local public health department's role is to respond to the consumer's requests for assessments and reassessments.

The chart below, from the 2008 OLA report, illustrates the process for authorizing PCA services and developing a care plan.

Figure 1.1: Process for Accessing Personal Care Services



NOTE: This figure shows the process for accessing personal care assistance services provided on a fee-for-service basis through Minnesota's Medical Assistance State Plan.

SOURCE: Office of the Legislative Auditor.

Upcoming Changes to the Personal Care Assistance Program

Since Minnesota first authorized PCA services in the 1970s, there have been many changes in the regulations that govern them. Some changes expanded the population of individuals eligible to receive PCA services. Initially, PCA services in Minnesota were restricted to people with physical disabilities who could direct their own care. Definitions of “responsible party” were enacted in state rules in 1987 and in state law in 1992, thus authorizing PCA services for people who could not direct their own care. In 1991, the Legislature authorized the use of PCA services for behavior-related problems.

A 2008 report of the Legislative Auditor made several recommendations regarding assessment for PCA services. The report recommended that DHS:

- Implement mandatory training requirements for persons conducting assessments of individuals’ need for PCA services.
- Develop additional guidance to help assessors determine the PCA service needs of persons with behavior issues.
- Develop a process for periodically reviewing samples of PCA assessments for the purpose of ensuring reasonable levels of consistency.

The following changes are underway to address these recommendations.

- ***MnCHOICES, a standardized assessment and protocol tool:*** This web-based tool, is to be used across the Medical Assistance State Plan long-term care services and home and community-based waivers. MnCHOICES is intended to ensure a person-centered approach and tailor services to individual needs while providing more consistency across programs and geographic areas.
- ***New Access Criteria:*** Beginning July 1, 2011, recipients must have two or more dependencies in activities of daily living (ADL) to access PCA services. Clients who met only the level one criteria (less than 2 ADL deficiencies) will no longer be eligible for PCA services. Recipients who do not meet the criteria must have a face-to-face assessment in 2011. As a result, counties will need to conduct reassessments. Some reassessments will be as regularly scheduled, but those that are identified as possibly losing services will follow a particular schedule to see that all are transitioned out of the PCA program by Dec.1, 2011.
- ***Qualified Assessor Changes:*** DHS will now require all assessors to complete an assessor training program. In the past, assessors usually were required to be PHNs. Under the new language, a 'qualified assessor' is anyone from a lead agency (county, tribe, or health plan) who has completed the assessment training (likely a PHN or social worker).
- ***New Timeline:*** The timeline to complete assessments was changed to 10 days (previously 30 days).