

THE PERSONAL CARE ATTENDANT PROGRAM



Call Toll-Free: 1-800-445-5394
Select option 4 to make a referral to the program.

Apply online at: www.ascendami.com

The Department of Social Services operates the Personal Care Attendant Program that assists eligible adults who need assistance to remain at home. The goal of the PCA program is to provide an alternative to entering an institution and to have greater independence in a community setting.

The types of care and services you require depend upon how much assistance you need with your Activities of Daily Living (ADLs). These are the activities that are essential to day-to-day functioning such as:

- Bathing
- Dressing
- Toileting (assistance going to the bathroom)
- Incontinence (lack of bladder or bowel control)
- Eating, and
- Transferring (getting in and out of bed or chair).

What is a Personal Care Attendant (PCA)?

The primary role of a personal care attendant is to “fill in the gaps” so that the highest level of independence and socialization in the community can be achieved. Through this personalized service, program participants receive hands-on care, help with social and business affairs, such as escorting while doing errands or visiting friends, going on walks and outings, opening and reading mail, paying bills and making light meals.

The PCA is not a licensed, professional caregiver and can be anyone who meets the program requirements. The participant may have multiple PCAs in order to meet

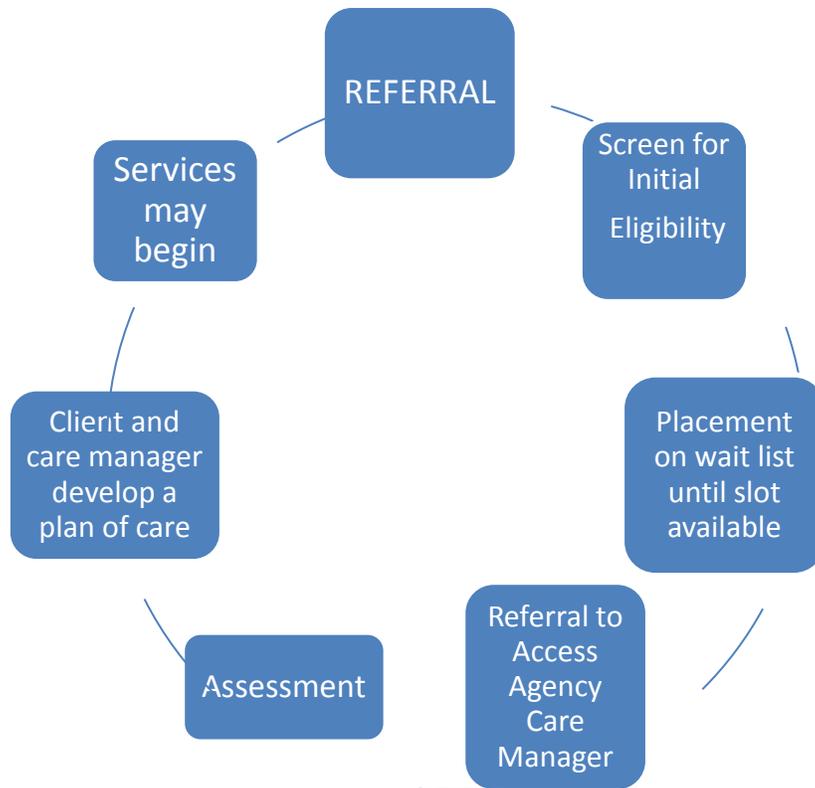
his/her service needs. If you need help finding a PCA, you can be provided with a listing of personnel.



Referral Process

The process starts by either calling or applying online. Callers should be prepared with information about what kind of help the applicant needs, health conditions and financial information. A nurse or social worker will take the information and determine if the applicant appears to be eligible. There are a maximum number of slots available. Available slots are filled in the order the referrals are received provided all eligibility criteria are met.

When a space becomes available, a referral will be made for a care manager to come to the home and do an assessment of home and community-based service needs, explain how the program works, and bring all necessary forms to be completed. The applicant and the care manager will decide what services are needed. Participants may choose from an array of home care providers to meet their needs. Applicants have 90 days to select providers.



There are limits on how much the state can pay for PCA services depending on your needs. The care manager will explain the cost limits in more detail. If the services you need are within the cost limits, the care manager will offer you the option of receiving services from the PCA program once you are determined to be functionally and financially eligible for the program.

Services may also include, in addition to the personal care attendant:

Case Management

Case managers assist participants in gaining access to s medical, social, educational and other services. Care managers will monitor services in the participant's plan of care and to ensure that the participant's health and safety needs are being addressed.

Support Broker

Support is provided to participants and/or their families to assist them in directing their own supports. The support services included are:

- Assistance with developing a natural community support network; • Support with and training on how to hire and train staff;
- Training and support with managing staff;
- Accessing community activities and services;
- Developing and maintaining an emergency backup plan.

Adult Family Living

This service is for waiver participants who live in a home with a primary caretaker who furnishes personal care and supportive services such as homemaker, chore, attendant services, and meal preparation. The primary caregiver may be a relative of the client as long as they are not a legally liable relative. Service includes 24 hour response capability to meet scheduled or unpredictable resident needs to provide supervision, safety and security based on ADL, IADL, cognitive or behavioral needs. Service allocation is based on ADL, IADL, cognitive or behavioral needs. Services also include social and recreational activities and cueing or reminders to take medications.

Who is Eligible?

To qualify for personal care attendant services you must:

- Be between the ages of 18 and 64
- Have a long-term health condition that requires hands on care with at least two activities of daily living such as bathing, dressing, eating, and walking.
- Meet financial eligibility requirements
- Be able to supervise the personal care attendant or have a conservator who do can do it.

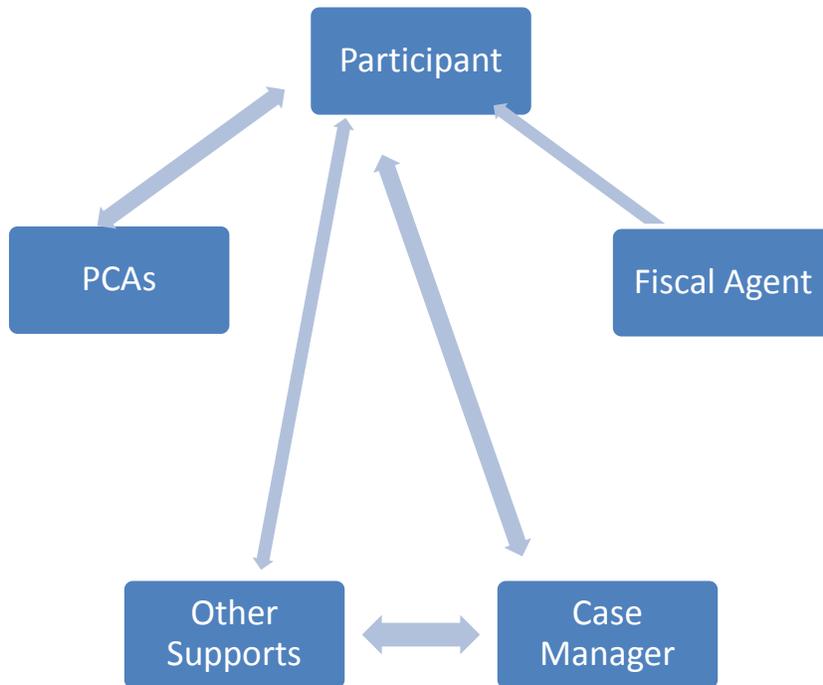
How does it work?

You are the employer of the personal care attendant. You are responsible for the hiring, training, supervising, paying, and if necessary, firing the personal care attendant. You have 90 days to find and hire your PCAs. Wages are negotiated between you and your PCA employee up to a maximum rate. You will submit time sheets to a fiscal agency which will send out paychecks to your PCA. This agency is responsible for all tax matters. You are the essential participant in the PCA plan.

Person-Centered Planning Process

The participant, his/her representative and the care manager develop a person centered service plan. The person-centered planning process is driven by the participant. The process occurs at a time and location convenient to the individual, provides all necessary information to support the individual to direct the process to the maximum extent possible and offers the participant choices regarding services and supports.

Natural supports include family, friends, community connections, and others in the individual's social network. Development of natural supports is encouraged by inviting family members, friends, and allies to participate in planning meetings. These natural supports are supplemented by formal waiver services. Together, a plan of care is developed based on the participant's level of need and what is important to the individual, identifying strengths, preferences, needs and desired outcomes. It also identifies risks to health and safety as well as plans to address any risks.



Financial Eligibility

To be eligible for the PCA program, your income and assets cannot exceed a certain amount. You must be able to qualify for Medicaid coverage. Your total assets cannot exceed \$1,600. Counted assets include bank accounts, some life insurance policies, savings bonds, and stocks. The Department does not count the house that you live in, or a motor vehicle that is used for transportation to employment or ongoing medical treatment, or vehicles modified for operation by, or transportation of a disabled person. If you are married and your assets are greater than \$1,600 the Department will do an assessment of you and your spouse's total assets to determine program eligibility.

Med-Connect

You may also meet the financial eligibility rules for the program if you qualify for Medicaid through the Medicaid for this coverage group. Under that program working individuals can have income up to \$75,000 per year, \$10,000 in assets. Some individuals may pay a monthly premium for this coverage. In general an eligible person, who is employed or becomes employed, can qualify for MED-Connect without the use of spenddown while earning more income than is allowed under other Medicaid coverage groups.

Participation in the waiver is limited. If all the available slots are filled, your name will be placed on a waiting list.