

Frequently Asked Questions on PCA Services

Including July 1, 2011 PCA Changes

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1. What are the changes for Personal Care Assistance (PCA) program which began in July 2011?

ANSWER:

New PCA Eligibility Cuts were effective July 1, 2011.

As of July 1, 2011, persons with:

- Level 1 behavior, or
- 1 Activity of Daily Living (ADL) dependency, or
- 1 ADL dependency and Level 1 behavior,

are only eligible for 2 units (30 minutes) of PCA service per day.

Persons who qualify as dependent (see # 4 below) in at least 2 activities of daily living (ADLs) will continue to receive PCA services as they did prior to July 1, 2011, unless their condition or assessment changes.

DHS data on the PCA assessments show that in addition to those persons whose PCA services were terminated before July 1, 2010 (around 300), another 3,453 PCA recipients will have their PCA services reduced to no more than 30 minutes per day beginning July 2011. At least some of these people have gotten notices that they are terminated from PCA services, which could well be wrong now that the legislature has adopted the 30 minutes per day for those with 1 ADL dependency and /or Level 1 behavior. As of August 12, 2011, the DHS website provides the following information for PCA fee for service recipients;

“DHS identified recipients whose PCA or CSG services were denied or terminated with one ADL and/or Level I Behavior. DHS will send a letter to these recipients explaining the new LT home care rating.”

And for those in managed care plans:

“Non-Waiver Senior Recipients Enrolled in Managed Care Organizations (MSHO/MS+):
DHS will provide a letter template for the MCO to send to enrollees explaining the new access

*criteria. The letter template will specify that the **enrollee must contact the MCO or its designee and request the two units of PCA service.***

The managed care organization must:

1. *1. Identify all enrollees whose PCA services were denied or terminated because of only one ADL dependency and/or Level I Behavior.*
2. *2. Notify identified enrollees in writing of the change in legislation to allow them to access two units of PCA service per day.*
3. *3. Direct care coordinators or PHNs to determine if a service update is needed for those requesting the two units of PCA service. A service update is not required if the care coordinator or PHN documents that the person requesting the PCA service indicates there has been no change in condition and they are requesting the two units of service per day.*
4. *4. Authorize the two units of PCA services to all of those previously denied or terminated who are now eligible and request the two units of PCA service.”*

For other information for seniors on the Elderly waiver, for families and children in PMAP, [click here](#)

2. Who is affected by the PCA cuts effective July 1, 2011?

ANSWER:

Those who will be cut to 30 minutes per day include:

- 3,453 children and adults
 - 2,214 in fee for service,
 - 386 in health plans,
 - 189 using Consumer Support Grants,
 - 379 Home and Community-Based Services (HCBS) waivers in fee for service,
 - 285 HCBS Elderly waiver recipients in health plans
- Demographics for 2,789 fee for service (FFS) persons:
 - Age–52% 18-64, 47% under 18;
 - Race: 50% persons of color;
 - Gender: 55% male,
 - Primary diagnosis: 63% mental disorder;
 - County of residence: 80% from 13 counties which represent

3. How do I qualify for PCA services after July 1, 2011?

ANSWER:

To qualify, you must be assessed as having:

- a dependency in 1 Activity of Daily Living (ADL) and/or Level 1 behavior is required to qualify for 30 minutes per day of PCA services; or
- a dependency in 2 ADLs is required to receive more than 30 minutes of PCA services per day under the home care rating system in effect since January, 2010.

4. Was the definition of dependency changed in 2011?

ANSWER:

The definition of dependency remains the same as in 2010 and requires that the person has a need on a daily basis or on the days during the week the task is completed, for:

- Hands-on physical assistance to complete the task or
- Cuing and constant supervision to complete the task

The definition of “Dependency,” adopted in 2009, required that the person has a need on a daily basis for hands-on physical assistance or constant cuing and supervision. During the 2010 Legislative session, the definition was changed so that those who are dependent, but do not need or choose to accomplish the ADL task daily, still qualify as dependent. This was done so those who need help in an ADL, for instance with bathing, but could not bathe daily due to skin conditions, could still qualify as dependent in bathing.

NOTE: The previous criteria (prior to 2009 legislation) for dependency included: “Help of another – Recipient able to participate.” This criteria allowed the need for “prompting and cuing” to qualify as a dependency. Prompting to begin or accomplish tasks no longer qualifies as a dependency.

5. Did the Activities of Daily Living (ADLs) definitions change in 2011?

ANSWER:

No. DHS proposed changes which would have made it more difficult to qualify as dependent in some ADLs, but the changes were not passed.

The activities of daily living include:

- (1) Grooming;
- (2) Dressing;
- (3) Bathing;
- (4) Transferring;
- (5) Mobility;

(6) Positioning;

(7) Eating;

(8) Toileting.

6. Did the definitions for level 1 behavior and the other two qualifying behaviors for the PCA program change in 2011?

No, the requirements for Level 1 behavior and the STEP 3 qualifying behaviors (see # 11) have not changed since 2009.

The criteria for Level 1 behavior are:

(1) Physical aggression towards self; or

(2) Physical aggression towards others; or

(3) Destruction of property which requires the immediate response of another person.

The criteria for the STEP 3 qualifying behaviors are:

(1) Physical aggression toward self, others or property destruction (Level 1 behavior);

(2) Increased vulnerability due to cognitive deficits or socially-inappropriate behavior; and

(3) Resistive to care, verbally aggressive.

However, those with Level 1 behavior with no ADL dependencies will have a substantial cut in hours of PCA service to 30 minutes per day maximum.

NOTE: to qualify for additional time for Level 1 behavior, the person must:

1. have a dependency in at least 2 ADLs and
2. require assistance, redirection or positive behavioral interventions for Level 1 behaviors at least 4 times per week

See DHS Document #7, "Instructions and Guidelines," "[PCA Assessment and Service Plan Instructions and Guidelines](#)," 10-11 Section 6, pages 8-9 for behavior documentation requirements.

7. How are PCA hours determined?

ANSWER:

Hours of PCA service were reduced for thousands of persons in 2010 through a new assessment with a specific formula to determine hours of care implemented as of January 1, 2010. As of September 1, 2011, persons with only 1 ADL and/or Level 1 Behavior will be limited to a flat 30 minutes each day whether they have one ADL dependency, Level 1 behavior or both an ADL dependency and Level 1 behavior.

See the three-step authorization chart and new decision tree with 11 home care ratings (HCR) and time allotted for each HCR. "[Authorization for PCA Services Effective July 1, 2011](#)" and "[PCA Decision Tree Effective July 1, 2011.](#)"

Note: Step 1 covering access to PCA services now includes people with dependencies in 1 ADL and/or Level 1 Behavior. The new home rating is "LT" and limited to 2 units or 30 minutes per day.

DHS directions to lead agencies (counties, health plans and tribes) on [how to implement the PCA changes adopted during the First special Session of the 2011 Minnesota legislature](#) are on the DHS website.

NOTE: It is estimated that about 3,500 PCA recipients will have their PCA services substantially reduced to 30 minutes per day, beginning in September. This is in addition to about 8,000 PCA recipients reduced during 2010. About 5,000 people had their authorized hours increased.

8. Are those using the CONSUMER SUPPORT GRANT (CSG) affected by the PCA changes to eligibility, PCA hour limits and the assessment?

ANSWER:

YES. See the new CSG Monthly Budget Chart for the new limits. The July 1, 2011 chart is available [here](#).

Because CSG is based on the PCA program, CSG participants are also being terminated and reduced due to the tightened PCA criteria and hours formula. Persons with dependencies in 1 ADL and/or Level 1 behavior are limited to 2 units or 30 minutes per day of PCA services.

The budget for CSG for those with 1 ADL dependency and /or Level 1 behavior is \$92.00 a month from July 1 through Aug. 31, 2011, and \$91.00 effective Sept. 1, 2011.

PCA ASSESSMENT

9. Where can I get information about the assessment?

ANSWER:

The assessment document is on the DHS website:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-3244-ENG>

The “decision tree” dated 8-11, which takes the assessment information and assigns the number of units of PCA service is found at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4201-ENG>

10. What should I do to prepare for the assessment?

ANSWER:

A. If you have medical documentation of your disability and need for assistance, it is important to have copies of that for the assessment.

B. If you have Level 1 behavior or are vulnerable due to cognitive deficits or socially inappropriate behavior or are verbally aggressive and resistive to care, it is important to have documentation of those problems from your physician, mental health provider or psychologist, school, day care provider, or anyone else in the community aware of the issues. Level 1 behavior qualifies you for only 30 minutes per day of PCA services. However, if you have dependencies in 2 ADL’s plus Level 1 behavior or STEP 3 qualifying (see below) behavior, you can qualify for a higher home care rating in Step 2 and obtain up to 90 minutes additional PCA service in Step 3. See [Authorization Chart effective July 1, 2011](#).

Requirements for Level 1 Behavior for STEP 1:

- (1) Physical aggression towards self; or
- (2) Physical aggression towards others; or
- (3) Destruction of property which requires the immediate response of another person.

Requirements for Step 3 qualifying behaviors (applies only to those with 2 ADL dependencies):

- (1) Physical aggression toward self, others or property destruction (Level 1 behavior);
- (2) Increased vulnerability due to cognitive deficits or socially-inappropriate behavior; and
- (3) Resistive to care, verbally aggressive.

See DHS Document # 7, “[PCA Assessment and Service Plan Instructions and Guidelines](#),” **10-11 Section 6, pages 8-9 for behavior documentation requirements.**

C. If you have complex health procedure needs which have been ordered by your doctor such as tube feeding, wound care, bowel program, seizures, and so on, it is important to have the doctors’ orders for the assessment. If you have been getting PCA service help with those needs, use the documentation of those needs from your current PCA provider. The law says that to get

PCA time for complex health procedures, they must be ordered by a doctor. You are not required to show the assessor the doctor's orders, but if you can do that, you will avoid problems.

Read the "[Instructions and Guidelines](#)" to find out what the assessment process is like.

D. The guidelines have been updated since some assessors were trained in 2009, so be sure the online instructions are followed. (For instance, the 2009 draft Guidelines defined "constant supervision" as 100% visibility, eyes on the person, but the updated 2010 Guidelines on p. 10 define constant supervision as "continued interaction and/or visibility to ensure person's safety and task completion.")

11. How is the amount of PCA time authorized for me figured out?

A. There is only one step on the Authorization [Chart](#) for those with 1 ADL dependency, Level 1 behavior or both an ADL dependency and Level 1 behavior.

Step 1: Determine eligibility for PCA service (dependency in 1 ADL and/or Level 1 Behavior as of July 1, 2011) and authorize the new "LT" rating for 30 minutes per day. This is the end of the process for those with either 1 ADL dependency and/or Level 1 behavior;

B. There are 2 steps on the Authorization [Chart](#) for those with at least 2 ADL dependencies:

Step 2: For those who qualify as dependent in at least 2 ADLs, determine the home care rating ("P" through "Z" and "EN") according to number of ADL dependencies and Level 1 behavior; and

Step 3: Add time for:

(a) Critical ADLs's (eating, transferring, mobility, toileting);

(b) Behaviors, if these occur four times a week or positive behavior intervention is needed four times per week to avoid the problem behaviors, including:

(1) Physical aggression toward self, others or property destruction (Level 1 behavior);

(2) Increased vulnerability due to cognitive deficits or socially-inappropriate behavior; and

(3) Resistive to care, verbally aggressive.

NOTE: The maximum time for all behavior criteria is 90 minutes per day in addition to the basic home care rating number of hours in step 2 for those with at least 2 ADL dependencies.

(c) Complex health conditions, such as catheters, bowel program, wound care or other interventions which are listed add 30 minutes per complex health procedure to your PCA time.

C. Home and Community Waiver Services Recipients can get Extended PCA services.

A different assessment form is used and the assessment itself is conducted by the lead agency waiver staff rather than the public health nurse assessor. The Supplement Assessment and Service Plan is found [here](#).

The Instructions are available by clicking on the term “[Instructions](#)” on the top right hand side of second page of the Supplemental Assessment Form.

TERMINATION OF PCA SERVICES

12. What if I am terminated from PCA services?

ANSWER:

If you are cut off of PCA services and think that the assessor did not fairly consider your need for physical help or cuing and constant supervision for ADL needs or behavior issues, you have the right to appeal. You will get two mailings about changes in your PCA services: 1) your completed “Assessment and Service Plan” from the county or health plan nurse and 2) a computer-generated notice from the Minnesota Department of Human Services that your PCA services have been terminated and information about your appeal rights.

In thinking about the fairness of your assessment, it will be helpful to review your completed assessment and the [DHS “Instructions and Guidelines” for Assessors](#).

It is important to review your assessment so that you can be specific at your appeal hearing about where mistakes were made or you disagree with the assessment.

If you decide to appeal, it is very important that you ask for the appeal in writing within 30 days of the date on the notice. Also, **if you need your PCA services to continue during the appeal, you must ask for continued services when you request an appeal.** DHS is required to authorize PCA hours to continue during the appeal period at the level you were getting before the new assessment. PCA hours used during the appeal period should not be subtracted from the PCA hours authorized after the appeal.

If you need the PCA services to continue at the current level and you lose your appeal, it is important to understand that the Commissioner of DHS may bring a claim against you for the PCA payments made pending appeal. However, the Minnesota Disability Law Center is not aware of any case involving Medical Assistance where this has been done by DHS since the law was passed in 1991.

It is most important to consider the circumstances of the person who has lost services and wants to appeal, including whether the assessor may have made mistakes or did not consider necessary information about the person’s condition. Continuing services during an appeal is often necessary to be able to stabilize people, keep them in their homes and keep their trained care givers. During an appeal, if vulnerable children or adults are unsafe in their homes, get injured or lose trained caregivers, they will suffer serious harm even though they might win their appeals. That is why the law provides for services pending appeal.

If you need an interpreter to be at the hearing, you should call or write the human services judge as soon as possible. Tell the human services judge what help you need. The human services judge will make sure that an interpreter is at the hearing. These services are available to you at no charge. Your request for an appeal and for your PCA services to continue during the appeal process must be sent or faxed, within 30 days of the notice, to:

Minnesota Department of Human Services
Appeals Office
P.O. Box 64941
St. Paul, MN 55164-0941
PHONE: Metro 651-431-3600
Outstate: (800) 657 3510
TTY: (800) 627-3529
FAX: 651-431-7523

DHS has a lot of information about appeals on their [website](#):

However, if you think the assessment was accurate and you no longer qualify for PCA services because of the changes, then it is most important to try to find other services as soon as possible. The Assessor nurse is required to provide you with a list of other possible services. See questions below on other services.

There are a number of organizations to call for help with your appeal. Arc Minnesota, NAMI Minnesota, Brain Injury Association of Minnesota, MS Society, Minnesota Disability Law Center (MDLC), Legal Aid office in your area. See resource list at the end of the questions.

REDUCTION IN HOURS OF PCA SERVICE

13. What if my hours of service are reduced and I want to appeal?

ANSWER:

If you have your PCA hours reduced and think that the assessor did not fairly consider your need for physical help or cuing and constant supervision, your behavioral issues or your complex health procedures, you have the right to appeal.

You will get two mailings about changes in your PCA services:

1) Your completed "Assessment and Service Plan from the county or health plan nurse required to be sent within 10 working days of your assessment

[PCA Assessment and Service Plan](#) form is available on the DHS website.

2) A notice that your PCA units (15 minutes per unit) have been reduced and information on how to appeal.

In thinking about the fairness of your assessment, it will be helpful to review your completed assessment and the [DHS “Instructions and Guidelines” for Assessors](#).

It is important to review your assessment so that you can be specific at your appeal hearing about where mistakes were made or where you disagree with the assessment.

Did the assessor note down all the areas (ADLs, qualifying behaviors and complex health procedures) with which you said you needed help? If there are activities of daily living, behaviors or complex health needs that you need help with that are not written on the assessment, those are the areas to gather information on for your appeal.

Remember, the amount of time you need for each activity is no longer important because the PCA time now is figured according to a formula for everyone. In addition, the 2011 cuts mean those with a dependency in 1 ADL and/or Level 1 behavior will only get 30 minutes per day.

The only way to get more PCA time is to qualify as dependent in more activities of daily living, being dependent in the 4 critical ADLs, having the listed behaviors or complex health procedures for which PCA time is allowed.

If you want to appeal, it is very important that you ask for your appeal in writing within 30 days of the date on the notice. Also, **if you need your PCA services to continue while you appeal, you must ask for continued PCA services during the appeal process**. DHS is required to authorize PCA hours during the appeal period at the level you were getting before the new assessment. PCA hours used during the appeal period should not be subtracted from the PCA hours authorized after the appeal.

If you need the PCA services to continue at the current level and you lose your appeal, it is important to understand that the Commissioner of DHS may bring a claim against you for the PCA payments made pending appeal. However, the Minnesota Disability Law Center is not aware of any case involving Medical Assistance where this has been done by DHS since the law was passed in 1991.

It is most important to consider the circumstances of the person who has lost services and wants to appeal, including whether the assessor may have made mistakes or did not consider necessary information about the person’s condition. Continuing services during an appeal is often necessary to assure safety, keep people in their homes and keep their trained care givers. During an appeal, if vulnerable children or adults are unsafe in their homes, get injured or lose trained caregivers, they will suffer serious harm even though they might win their appeals. That is why the law provides for services pending appeal.

If you need an interpreter to be at the hearing, you should call or write the human services judge as soon as possible. Tell the human services judge what help you need. The human services judge will make sure that an interpreter is at the hearing. These services are available to you at no charge. Your request for an appeal and for your PCA services to continue during the appeal process must be sent, within 30 days of the notice, to:

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DHS has a lot of information about appeals on their [website](#).

There are a number of organizations to call for help with your appeal. Arc Minnesota, NAMI Minnesota, Brain Injury Association of Minnesota, MS Society, Minnesota Disability Law Center (MDLC), Legal Aid office in your area. See list of resources, #24.

REFERRALS TO OTHER SERVICES REQUIRED

14. What if I cannot get along with fewer hours of PCA service but my assessment seems accurate? How can I get the help I need?

ANSWER:

If you think the assessment was accurate and you no longer qualify for PCA services or your reduction in hours was consistent with the changes to PCA services, then it is most important to try to find other services if you need help at home, as soon as possible.

You should receive the PCA Assessment and Service Plan document within 10 working days of your assessment. This 10-page assessment should have been filled out by the Public Health Nurse and signed when you were assessed. The public health nurse is supposed to provide you with a list of other services on the last page of the assessment, called "Recipient Referrals." The assessor is required to fill out the referral page based on your needs.

http://www.dhs.state.mn.us/main/groups/disabilities/documents/twocolumns/dhs16_161849.pdf

You can call your county, listed on the MDLC websites and DHS, or health plan and request:

- Home and Community Based Waiver funding (often called "waiver slot") through your county;
- Adult or child mental health services;
- Other MA home care services such as a home health aide, medication management;
- MA Health Care services such as occupational or physical therapy, psychology, etc.

You have the right to apply for these other services. If you are turned down, the county must provide you a written notice of denial and information on how to appeal the denial. Disability advocacy organizations may be able to help you appeal. See the resource list at the end of the questions. An appeal must be sent in writing within 30 days of the notice of denial to the DHS Appeals Office address listed in Questions 12 and 13.

2) 20% Rate Cut for Non-Legally Responsible Relatives Providing PCA Services to a Family Member.

Persons who live in rural areas, immigrant/refugee families whose first language is not English, other minority communities will be particularly hurt by this harsh cut. The 20% cut will reduce the modest earnings of many family members, including many women in their 50's and 60's who care for their adult sons and daughters with significant disabilities for many hours beyond those authorized to be paid as PCA services. Families who have cared for a loved one with total and permanent disabilities have all slid down the economic ladder, sacrificed personally and economically, and provided reliable, loving care at a much lower rate and higher quality than would otherwise be available. This cut saves the state about \$23 million and results in a PCA service cut of \$46 million due to the loss of federal Medicaid matching funds.

Policy information such as whether step brothers and sisters are included in the definition of "sibling" can be found [here](#).

15. Is there any way I can get more PCA hours than I qualify for under the new PCA assessment criteria?

ANSWER:

Yes. Home and Community-Based Waiver services can include "extended" PCA services which can be more hours than you qualify for under the new PCA criteria. People who need more PCA hours may be able to get them through the CAC, CADI, DD or TBI waivers. Extended PCA service under the home and community waivers is defined in the PCA statute as including additional PCA hours beyond the amount allowed by the PCA assessment or PCA hours needed less frequently than daily.

Home and Community-Based Waivers are for those who qualify for institutional services such as a nursing home or intermediate care facility for persons with developmental disabilities, but need alternative services to remain in their homes, apartments or in a community group home. Information about waivers can be found on the [DHS website](#).

If you already get waiver services, your allowed waiver budget may have to be increased by your county if your health, safety and welfare are threatened because of the loss of PCA services. Independent Living Skills (ILS) Training or Homemaker services are service options available to help HCBS waiver participants remain in their homes or apartments. You can call the Disability Linkage Line to help you get a hold of your county to [apply for waiver services](#) or check www.MinnesotaHelp.info.

NOTE: Waiver slots are limited and you may be told there is a waiting list. You have the right to apply anyway and the right to appeal the denial of waiver services.

16. What if I have been referred for other services, but cannot find any providers?

ANSWER:

If you need other services, such as child or adult mental health services, services for fetal alcohol or a brain injury, and cannot find anyone to provide them, call the Disability Linkage Line (1-866-333-2466) for help in locating a provider. If you cannot find a local provider, call a disability advocacy group, CCD, the Minnesota Disability Law Center (MDLC), an Ombudsman's office or other Legal Aid office near you for help. See resource list, # 24.

Since DHS told the Legislature in 2009 that some PCA recipients would be better served with other services, if you cannot find the other services, it is important for the Commissioner of DHS, the Governor and your legislators to know this. If services are really not available, it is important for you to provide information about your experience so that those advocacy groups working for change have your information. You can document your problems and efforts through the PCA survey link on the CCD website, www.mnccd.org

- Problems with other services:
 - Children's Mental Health Behavioral Aide provided to only 222 children statewide for an average of 64.5 hours per year during 2010,
 - Home Health Aid (HHA) hasn't been provided to children as far as we know, also, HHA requires a doctor's order every 60 days and costs over \$54 per visit while PCA services cost \$15.60/hr.
 - Home and Community-Based Services waivers are very limited and several have waiting lists. See question # 15.
 - Over 1/3 of those facing termination now access other mental health clinical services but still need functional help at home, not covered by rehabilitative mental health services.

17. I have a chronic illness or disability and have used PCA services but now have been terminated. What other service can come to my home and help me with medications, meals, doctor's appointments and maintaining my apartment?

ANSWER:

One service that may help you if you are an adult is called Home Health Aide (HHA). A Home Health Aide is provided through a Medicare-certified home health agency. Information is available on the [DHS website](#).

You may also qualify for Adult or Children's Mental Health Services through your county. These services can include mental health aides who can come to your home. For adults, these aides are called AMHRS (Adult Mental Health Rehabilitative Services). Information about AMHRS is available on the [DHS website](#).

For children, a behavioral aide can come to your home as part of a service called CTSS (Children's Therapeutic Services and Supports). Information about CTSS and the forms needed are on the [DHS website](#).

You can start by calling the Disability Linkage Line, 1-866-333-2466, for providers of home health aides or adult or children's mental health services near you.

If you cannot get the services you need to maintain your home or apartment in the community, call a disability advocacy organization, CCD, Minnesota Disability Law Center (MDLC), Ombudsman's office or other Legal Aid office for help. (See question #16 for contact information). Also, consider documenting your problems and efforts through the survey link on the CCD website, www.mnccd.org. You can also file a complaint with the Office of Civil Rights in Chicago

<http://www.hhs.gov/ocr/civilrights/faq/index.html>

QUESTION ON CIVIL RIGHTS UNDER OLMSTEAD DECISION, AMERICANS WITH DISABILITIES ACT (ADA)

18. What if I have to leave my apartment or home because of cuts to my PCA services?

ANSWER:

You may have a civil rights claim under the Americans with Disabilities Act (ADA) Olmstead Decision. People should not have to live in more restrictive settings when they have been able to live in homes and apartments with PCA services. If you are at risk of losing your home or apartment because of cuts in your PCA services, call the Minnesota Disability Law Center (MDLC) or other Legal Aid office for help. (See question #16 for contact information) and fill out the survey linked on the CCD website, www.mnccd.org. You can also file a complaint with the [Office of Civil Rights in Chicago](#).

<http://www.hhs.gov/ocr/civilrights/faq/index.html>

QUESTIONS ON 275-HOUR LIMIT PCAs CAN BE PAID PER MONTH

19. Is my PCA limited to working a certain amount of time each month?

ANSWER:

The Legislature limited the hours a PCA could work to 310 hours per month in 2009. The Governor reduced the PCA monthly work hours further to 275 hours through unallotment in June 2009. The 2010 Legislature ratified the Governor's unallotment, so that 275 hour monthly PCA work limit is now in statute.

20. What should I do if my PCA usually worked more than 275 hours per month?

ANSWER:

You are still eligible for your authorized hours of care, so it is important for you to find and train an appropriate person to provide all of the hours you need. If your PCA provides care to you for your authorized hours over 275 hours per month without pay, you may not be assessed to need

the hours of service you need. Also, it is important for everyone to have more than one person trained to provide the care they need in case of illness, emergency or other change in staff.

21. What if I am not able to find someone to fill my hours or have PCA staff who are not competent or leave after a short time?

ANSWER:

It is very important that you document the difficulties you have in filling your PCA hours of care. The [Consortium for Citizens with Disabilities \(CCD\)](http://www.mnccd.org) www.mnccd.org has a website which allows you to provide information about your difficulties. You do not have to use your name to submit your experience. This information can be used to keep track of the impacts of PCA changes and to try to get changes to these PCA cuts.

If your well-being is threatened or you cannot continue to live at home, you should call the Minnesota Disability Law Center (MDLC) intake line for help – 612-334-5970; 1-800-292-4150; TDD: 612-332-4668.

22. What if I live in a home owned or controlled by my PCA agency?

ANSWER:

By August 1, 2010, PCA agencies are prohibited from providing PCA services to persons living in the PCA agency's owned, leased or rented homes or apartments. You will be required to either choose a different PCA agency which does not own or control your home, group home or apartment or move to a different home and continue with the same PCA agency.

23. What should I do with information about problems with PCA services?

ANSWER:

The [Consortium for Citizens with Disabilities](http://www.mnccd.org), CCD, has a [website which would allow you to tell your story about what has happened](#) if you get cut off of PCA services.

It is extremely important to keep track of this information so that if bad things happen, you can use it in any appeal you may have and you can fill out the CCD survey so this information can go to your legislators and ask for changes and use it in other ways to try to help people continue to live at home with the services they need.

DISABILITY ADVOCACY GROUPS AND LEGAL AID RESOURCES

24. How do I contact disability advocacy organizations or local Legal Aid offices?

ANSWER:

Partial List of Disability Advocacy Organizations and Legal Aid Offices:

- [Arc Minnesota](http://www.arcmn.org/) www.arcmn.org/
- [Brain Injury Association of Minnesota](http://www.braininjurymn.org/) www.braininjurymn.org/
- [Courage Center](http://www.couragecenter.org/) www.couragecenter.org/
- [National Multiple Sclerosis Society, Minnesota chapter](http://www.nationalmssociety.org/chapters/mnm/index.aspx)

<http://www.nationalmssociety.org/chapters/mnm/index.aspx>

- [Minnesota Organization for Fetal Alcohol Syndrome \(MOFAS\)](http://www.mofas.org/) www.mofas.org/
- [National Alliance for Mentally Illness-Minnesota \(NAMI\)](http://www.namihelps.org/) www.namihelps.org/
- [MN Consortium for Citizens with Disabilities, CCD](http://www.mnccd.org) www.mnccd.org
- [Link for PCA stories](http://www.pcahistory.org/) www.pcahistory.org/
- [Link for Consortium organization members](http://www.mnccd.org/) www.mnccd.org/, Click on Member Organizations
- [Find a Legal Aid Office or other resource near you in Minnesota](http://www.lsc.gov) www.lsc.gov; www.lawhelp.org

25. What changes were made to the PCA program by the Legislature in 2010?

ANSWER:

There were many policy changes affecting PCA provider requirements, definitions, staff training and other related areas. Some problems which came to light after the 2009 law were fixed, including allowing IADLs (Instrumental Activity of Daily Living) for children who need immediate attention for health or hygiene reasons related to PCA services. This means a PCA can clean up or do a load of laundry if needed and documented in the service plan developed during the assessment. A full list of the 2010 Legislative changes to PCA services can be found on the [PCA Changes portion of the DLC website](#).

26. What changes to PCA services were made during the 2011 Legislative Session?

ANSWER:

The Legislature passed 3 significant changes to PCA services in the 2011 Legislative session:

1) The Legislature provided a minimal amount of 30 minutes per day of PCA service or 3.5 hours per week for those whose PCA eligibility was to be terminated July 1, 2011.

This will mean PCA hours cuts for about 3,500 children and adults with only Level 1 behavior and/ or 1 ADL dependency. While the amount of service provided is modest, it will help some of those impacted avoid more expensive alternatives. In addition, it will allow school districts serving children in the mental health system and with behavior issues the option of spending their own resources to obtain federal Medicaid dollars for school-related PCA services. In 2009, schools obtained \$19 million for these services. [see 2010 PCA Legislative Report] <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6342-ENG>

2) 20% Rate Cut for Non-Legally Responsible Relatives Providing PCA Services to a Family Member .

Persons who live in rural areas, immigrant/refugee families whose first language is not English, other minority communities will be particularly hurt by this harsh cut. The 20% cut will reduce the modest earnings of many family members, including many women in their 50's and 60's who care for their adult sons and daughters with significant disabilities for many hours beyond those authorized to be paid as PCA services. Families who have cared for a loved one with total and permanent disabilities have all slid down the economic ladder, sacrificed personally and economically, and provided reliable, loving care at a much lower rate and higher quality than would otherwise be available. This cut saves the state about \$23 million and results in a PCA service cut of \$46 million due to the loss of federal Medicaid matching funds.

3) 1.5% provider rate cut applies to PCA providers and will be implemented in September 1, 2011 for 2 years.

The rate cut is reduced to 1%, beginning July 1, 2013 for 2 years. This 1.5% rate cut is in addition to the 20% relative PCA cut for those services provided by specified family members. Another cut of 1.67% is slated to begin July 1, 2012 if DHS is not allowed to implement tightened criteria for nursing facility eligibility.

A bill affecting PCA services, the DHS Continuing Care Policy bill (HF1406, SF 1120), was considered in the House and Senate but did not pass at the very end of the regular session. The bill contained numerous significant changes and clarifications for PCA services. It is possible that many PCA provisions from these bills will be re-introduced during the 2012 session.