

## Personal Assistance Information Guide for Adults

1. Where do you live?

a.) Apartment

b.) Family home

1.) Do you own this home? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, who does? \_\_\_\_\_

2.) Rent? Yes \_\_\_\_\_ No \_\_\_\_\_

c.) Other \_\_\_\_\_

2. In what areas do you need personal assistance? (check all that apply\*)

### ADLs

a.) Bathing                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

b.) Dressing                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

c.) Eating                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

d.) Toileting                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

e.) Transferring                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

### IADLs

f.) Cleaning                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

g.) Laundry                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

h.) Cooking                      some assistance \_\_\_\_\_      significant assistance \_\_\_\_\_

\*[See below for more information about the level of need you must have to be eligible for the Medicaid Personal Care Assistance (PCA) Waiver.]

3. If you do not need the level of assistance as outlined below, how much assistance do you need? Such as: (check all that apply)

a.) Assistance getting in and out of bathtub or shower \_\_\_\_\_

b.) Assistance with buttons, shoestrings or hairstyling \_\_\_\_\_

c.) Laundry, cleaning and getting or preparing food \_\_\_\_\_

d.) Accessing books and other study materials \_\_\_\_\_

e.) Other \_\_\_\_\_

4. Has anyone other than your family ever provided personal assistance? \_\_\_\_\_

Who was that person? \_\_\_\_\_

When did they provide assistance? \_\_\_\_\_

5. Do you feel that your personal assistance and/or technology needs have changed recently or may be changing soon?

a.) No \_\_\_\_\_

b.) Yes, condition is progressive \_\_\_\_\_

c.) Yes, because I will be in a new environment (change in school, new job, new living arrangement, etc.) \_\_\_\_\_

6. Have you ever worked? \_\_\_\_\_ Have you ever done volunteer services? \_\_\_\_\_

a.) How many hours per day did you work or do volunteer services? \_\_\_\_\_

b.) Did you need personal assistance during that time? \_\_\_\_\_

- c.) Who was that person? \_\_\_An unpaid relative/friend? \_\_\_If assistance was paid for, who paid for it?\_\_\_\_\_
- d.) What did the personal assistant do for you during that time?\_\_\_\_\_

7. What kind of mobility equipment do you use? (Manual chair, powered chair, scooter, walker, crutches, etc.) \_\_\_\_\_

8. What kind of transportation do you use? (Public transportation, Para-transit, not adapted vehicle, adapted vehicle [adapted car, full size van, or minivan]) \_\_\_\_\_

9. Have you ever had a rehab technology evaluation (an evaluation to determine the need for home/vehicle modifications, assistive technology, etc.)?\_\_\_\_\_ If so, when?\_\_\_\_\_ What technology was identified as helpful for you?\_\_\_\_\_

10. Have you ever had an occupational therapy evaluation?\_\_\_\_\_ If so, when?\_\_\_\_\_ What strategies or equipment were identified to increase your independence?\_\_\_\_\_

Was the evaluation done in the location where you live?\_\_\_\_\_

11. Have you ever had a physical therapy evaluation?\_\_\_\_\_ If so, when?\_\_\_\_\_ What strategies or equipment were identified to increase your independence?\_\_\_\_\_

12. Have you ever visited the NEAT Marketplace?\_\_\_\_\_

13. What activities require the most energy for you?

- a.) Dressing and getting ready for the day?\_\_\_\_\_
- b.) Transferring?\_\_\_\_\_
- c.) Toileting?\_\_\_\_\_
- d.) Other?\_\_\_\_\_

14. What assistive technology might help you with independence/safety issues?

- a.) Automatic door openers?\_\_\_\_\_
- b.) Preprogrammed telephone or cell phone?\_\_\_\_\_
- c.) Life Line?\_\_\_\_\_
- d.) Hoyer or other lift?\_\_\_\_\_
- e.) Environmental controls?\_\_\_\_\_
- f.) Other?\_\_\_\_\_

## Activities of Daily Living and Other Non-Financial Requirements for the Medicaid PCA Waiver

### Physical Disability

You must have a severe, chronic and permanent **physical disability** which would require institutionalization without personal care assistance services and which results in a **verifiable (able to prove)** need for **physical assistance** with two or more activities of daily living, as identified below. **Medical documentation should be provided to support the need for services.**

### Living Arrangement

You must want to live in the community and lack sufficient family and community supports to meet your needs for personal care assistance.

### Assistance with activities of daily living

You must need **physical assistance** with two or more of the following activities of daily living: bathing, dressing, eating, transfers, toileting (bowel and bladder care) which you are unable to perform without hands-on assistance. In order to be considered significant, ~~you~~ would require institutional care without services to address the least two ADL deficits.

Definitions of the ADLs and of significant need follow:

- ❑ Bathing means how you takes a full-body bath, sponge bath and transfers in and out of the tub and shower. Assistance means that in spite of any type of structural or equipment supports, you need someone to help with most bathing activities such as getting water, lathering cloth, washing and rinsing the body. This ADL also includes washing and rinsing hair.
- ❑ Dressing means how you begin and end the physical act of dressing, including putting on and removing prosthesis. You must require the physical assistance of another person to begin and complete the act of dressing.
- ❑ Eating means the ability to obtain adequate nutrition daily. You must require the physical assistance of another person to either feed or physically assist with adaptive equipment in order to feed yourself. This ADL usually means that you have to be fed. If the social worker can document that you need the physical assistance of another person with setup, affixing equipment or utensils, with the placement of utensils into the hand, placement of food within range and/or constant monitoring to intervene during choking, gagging, reflux or potential aspiration of food, or, the client is tube fed, the need for assistance requirement has been met. If you only need assistance with cutting -food, this task is considered part of meal preparation.

- ❑ Toileting and/or bowel and bladder routine means how you use the toilet, (bedpan, commode, urinal), transfers on and off the toilet, cleanse after elimination, changing pad, managing ostomy or catheter and adjusting clothing. If you are incontinent of bowel or bladder or are physically unable to be toileted resulting in a routine for the change of protective garments, the significant need is met. If you can use the toilet but requires help with most of these tasks, the requirement is met, though the amount of time allocated will vary based on which, and how many of these tasks require assistance.
- ❑ Transfer means how you move from a location such as a bed, chair, and vehicle to or from a wheelchair. The verifiable need for assistance means that you are unable to perform this task without physical assistance from someone else. Ambulation is not included, but can be accounted for under mobility assistance.

Two additional considerations should be noted. One is that there are a number of hands-on care tasks, including **grooming and hygiene, mobility assistance, and positioning, which are all ADLs but are not considered qualifying ADLs for the purpose of this program.** A little bit (or minimal) help with a lot of tasks simply does not meet the criteria for the program.

Secondly, since the ADL "count" sets the parameters for the total cost allocation for you, the social worker should not count any activity as an ADL that does not meet the level of "verifiable need". **THIS DOES NOT MEAN** that time allocations cannot be allowed for these tasks as part of the total care plan. It simply means that they should not be counted as ADLs.