

Personal Assistance Information Guide for Students

1. What year are you in school? _____ High School? _____ College? _____
 2. When do you plan to graduate? _____
 3. What kind of mobility equipment do you use? (Manual chair, powered chair, scooter, walker, crutches, etc.) _____
 4. What kind of transportation do you use? (Public transportation, Para-transit, not adapted vehicle, adapted vehicle [adapted car, full size van, or minivan]) _____
 5. Is your school in-state? _____ or out of state? _____
 6. Where do you live while attending school?
 - a.) Dormitory
 - b.) Apartment on campus
 - c.) Apartment or other off-campus housing
 - d.) Family home
 7. Where do you live on vacations and holidays?
 - a.) Family home
 - b.) Other
 8. In what areas do you need personal assistance? (check all that apply*)

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 _____
f.) Cleaning	some assistance _____	significant assistance _____
g.) Laundry	some assistance _____	significant assistance _____
h.) Cooking	some assistance _____	significant assistance _____
- *(See the attached sheet for more information about the level of need required to be eligible for the Medicaid PCA Waiver)
9. If you do not need the level of assistance outlined on the attached sheet, 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 _____
 10. Has anyone other than your family ever provided personal assistance? _____

11. 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.)_____

12. 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?_____
-

13. Have you ever had a rehab technology evaluation (an evaluation to determine the need for home/vehicle modifications, assistive technology, etc.)?_____ When was that?_____ What technology was identified as helpful for you?_____

14. Have you ever visited the NEAT Marketplace?_____

15. Have you ever had an occupational therapy evaluation?_____ When was that?_____ What strategies or equipment were identified to increase your independence?_____

Was the evaluation done in the location where you live?_____

16. Have you ever had a physical therapy evaluation?_____ When was that?_____ What strategies or equipment were identified to increase your independence?_____

17. What activities require the most energy for you?

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

18. 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

The individual 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

The individual must wish to live in the community and lack sufficient family and community supports to meet his/her needs for personal care assistance.

Assistance with activities of daily living

The individual 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 they are unable to perform without hands-on assistance. In order to be considered significant, the client 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 a person 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, the individual needs 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 a person begins and ends the **physical** act of dressing, including putting on and removing prosthesis. The person must require the physical assistance of another person to begin and complete the active dressing.
- ❑ Eating means the ability to obtain adequate nutrition daily. The person must require the physical assistance of another person to either feed or physically assist with adaptive equipment in order to feed himself. This ADL usually means that the client has to be fed. If the social worker can document that the client needs 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 the client only needs assistance with the cutting of food, this task is considered part of meal preparation.

- ❑ Toileting and/or bowel and bladder routine means how the person uses the toilet, (bedpan, commode, urinal), transfers on and off the toilet, cleansing after elimination, changing pad, managing ostomy or catheter and adjusting clothing. If a client is incontinent of bowel or bladder or is physically unable to be toileted resulting in a routine for the change of protective garments, the significant need is met. If the client 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 the person moves from a location such as a bed, chair, and vehicle to or from a wheelchair. The verifiable need for assistance means that the person is 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 a client, 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.