

**Personal Care Assistant (PCA/PPP)
Nursing Assessment Tool
June 30, 2015 Webinar
hosted by: The Arc of New Jersey**

Speakers:

Steve Tunney, RN, MSN

**Division of Medical Assistance and Health Services
Director, Office of Customer Service**

Maribeth Robenolt, RN, MPH

**Division of Medical Assistance and Health Services
Director, MLTSS Quality Monitoring**

Personal Care Assistant (PCA) Program

- Medicaid State Plan service for individuals who need assistance with aspects of their daily living due to functional impairment.
- Non-emergency health related tasks done by qualified staff.
- Accommodate long-term chronic or maintenance health care.
- Is NOT a replacement for routine parental responsibility for care, companionship, childcare, or babysitting.

Purpose of the PCA Assessment Tool

- Designed to gain an understanding of an individual's:
 - Physical and cognitive limitations;
 - ADL and IADL deficits and services required;
 - Family and living situations; and
 - Amount of time needed to perform the service and frequency.
- Face-to-face assessment performed by a nurse in the person's home.
- Obtain information from observations and reliable informant.
- Determination of the number of PCA hours needed per week.

Things to Remember...

- Assess individual's ADL self-performance during the past 3-7 days and score on the average of the 3 most dependent episodes of assistance.
- Bathing is the exception and should be scored on the single most dependent episode over past 7 days.
- Check only one box in each section to reflect the maximum level of assistance needed by the individual.
- Provide justification of need for all ADLs/IADLs given a score.
- Age limitations identified based on standard developmental milestones and are guidelines and may vary for children with developmental disabilities.

Things to Remember...(continued)

- There should be consistency throughout the tool. The nurse is recording an assessment that should give a clear picture of the person and his/ her abilities and needs for assistance.
- If there is an assessed need for assistance in any area, it should correlate with a diagnosis or limitation identified on the first page of the tool.
- For each section, the nurse enters the actual amount of time it takes to accomplish that task. If the actual amount of time exceeds the guideline for that section, the nurse should explain why in “justification of need” for that section.
- If a family member or other support routinely assists the individual, the nurse needs to account for that support in the scoring.

Cognitive

Decision Making Ability- the cumulative time for supervision required between ADL/IADL tasks (over 6 years old).

If no impairment, enter "0"

Minimally impaired- cuing in new or specific situations- 60 minutes per week

Moderately impaired- repeated reminders to initiate, perform or self direct activities- 120 minutes per week

Severely impaired- never or rarely makes decisions, unable to initiate or self direct any activity- 180 minutes per week

total minutes

180

- This section should be scored based on the nurse's assessment of the individual's mental status on page one of this tool.
- Consider how the individual's diagnosis such as ID/DD; TBI; and dementia impact his/her need for supervision with ADL/IADL tasks.
 - Example: an individual with autism (10 year old) may score 180 minutes due to inability to initiate, self direct, or make decisions. The individual is functionally capable of walking but requires supervision/cueing for safety reasons due to the individual not being cognitively aware of potential dangers. This would be captured here and not in the section for ambulation.

ADLs

- Ambulation/Mobility Assistance
- Transferring
- Bathing
- Feeding/Eating
- Positioning bed/chair
- Toileting
- Personal Hygiene/Grooming
- Dressing and Adaptive Equipment

NOTE: For each ADL section, check only one box to reflect the maximum level of assistance needed by the individual to complete that activity.

Ambulation/Mobility Assistance

Ambulation/mobility assistance: the process of moving between locations, e.g. room to room. Includes pushing a wheelchair and contact guard (over 2 yrs. old)

up to 30 minutes/day

#days

total minutes

Justification of need

- Supervision of mobility refers to the mechanics of mobility (i.e. lifting feet not shuffling on rough surface), not supervision for safety.
- Take into consideration the level of assistance, with or without the use of a device. For example, does the individual require assistance or cueing with use of walking apparatus, assistance with ambulation/using steps, or assistance with manual wheelchair?
- Remember: safety (for cognitive or behavior reasons) is included in the score for Decision Making Ability.
- If the individual is bedbound and incapable of moving between locations, enter "0".
- If individual uses a wheelchair or walker independently, enter "0".

Transferring

Transferring- the movement from one stationary position to another includes chair to bed/tub. Toileting transfer is included in toileting (over 2 yrs. old)

Supervision/Limited Assist- up to 15 minutes/day

Extensive/Max Assist- up to 30 minutes/day

Mechanical lift/Non-wt bearing up to 45 minutes/day

days

total minutes

25

5

125

- This includes the non-ambulatory movement of a individual from one stationary position to another. Transfers using slide board or Hoyer lift are included in this section as well.
- Do NOT include transferring for toileting in this section.
- If the individual lives alone, how does he/she transfer when no one is there to assist?
- Write a “justification of need” if there seems to be an inconsistency in your scoring (example: individual may be independently mobile in a wheelchair, but need assistance with transfers).

Bathing (over 6 yrs. old)

Bathing (over 6 years old)- Bathing or washing the individual in tub/shower/bed/chair. Includes washing hair, drying hair, and applying lotion.

If no assistance needed, enter "0".

Upper body only- up to 15 minutes

Lower body only- up to 15 minutes

Full bath- up to 30 minutes

days

total minutes

20

7

140

- Assistance in bathing includes entering the tub/shower, washing/rinsing body and hair, drying and applying lotion to the body
- Assess the bathing area for slip/fall hazards (example: throw rug in bathroom)
- Determine if there is a need for adaptive equipment that would facilitate safety and bathing of the individual (example: grab bars, shower bench/chair, Hoyer lift, etc.)
- Enter the actual number of days/week that the individual bathes, not an automatic "7 days"
- Explain in the "justification of need" if more time is needed.

Feeding/Eating

Feeding/eating (over 4 yrs. old)- The process of getting food into the digestive system, excluding meal preparation.

If no assistance needed, enter "0"

10-20 minutes per meal

25

of meals per week

12

Total minutes

300

- Feeding/eating refers to getting food into a person's mouth.
- If individual has assistance from an alternate source (e.g. family member, or from day program staff), do not include those meals in the # of meals/week. Document alternate sources in the "justification of need".
- If individual requires special utensils, thickener, or some other assistance, document that in the "justification of need".

Positioning (Bed/Chair)

Positioning (bed/chair): adjusting or changing individual's position in a chair or bed

If no assistance needed, enter "0"

5 minutes per episode, limit 6 episodes per day

days

total minutes

30

5

150

- The nurse will observe a person during the face-to-face visit, to assess a person's ability to shift positions or if he/she is completely immobile?
- Can the individual assist with repositioning?
- Assessed need for positioning should be related to a diagnosis and/or limitation.
- If no evident diagnosis related to inability to change position (e.g. paralysis), provide justification for this for this assessed need.

Toileting

Toileting – bowel and bladder elimination (over 5 yrs. old), including use of commode, emptying appliances, cleansing and adjusting clothing. This includes time transferring to commode or toilet.

Continent: Yes No
If incontinent: Bowel Bladder Both

5-10 minutes per occurrence if continent

15-20 minutes per occurrence if incontinent

up to 90 minutes per day

days

total minutes

60

5

300

- Bowel and bladder elimination includes use of a commode, emptying appliances, cleansing and adjusting clothing , as well as transferring to and from commode or toilet.
- Toileting may include: changing incontinence products, assisting with use of urinal or bedpan, assisting with toilet hygiene (use of toilet paper, washing hands, etc.), assisting with feminine hygiene needs, setting up supplies and equipment, assisting with clothing during toileting, and stand-by assistance/supervision.

Personal Hygiene/Grooming

Personal Hygiene/grooming (over 5 yrs. old): combing brushing hair, shaving, brushing teeth, nail care

If no assistance needed, enter "0".

Limited assist, 5-10 minutes

Extensive assist or higher, 15 minutes

days

total minutes

- Is the task the individual needs assistance with daily, or only a few days/week?
- Is there an alternate support (example: family member) who assists the individual on certain days?
- Enter only the # of days that the individual actually needs assistance.

Dressing and Adaptive Equipment

Dressing and adaptive equipment (dressing over 5 yrs. old)

If no assistance needed, enter "0".

Limited assist, 5-10 minutes per episode

Extensive assist or higher, 15 minutes per episode

days

total minutes

- If adaptive equipment (such as prosthetics, splints, or braces) is used, identify it in the justification of need.
- Typical clothing changes are from sleepwear to daywear and from daywear to sleepwear.
- If dressing occurs more frequently, explain why in "justification of need"

IADLs

Before assessing the individual's abilities and needs in IADLs, does the individual meet the basic criteria to qualify for PCA services?

- Housekeeping
- Bed linen changes
- Shopping: Groceries/Incidentals
- Meal Preparation
- Laundry

NOTE: If individual needs assistance with an IADL, identify the limitation or justification.

Housekeeping

Housekeeping services are integral to personal care and include changing bed linens, vacuuming, and keeping personal space clean (over 18 yrs. old)

If no assistance is needed, enter "0" in household size

120 minutes per week/ household size

household size

total minutes

- Housekeeping refers to the individual's personal space, not the entire house.
- A "0" is entered for household size if the individual is under 18 years old, if the individual does not require assistance, or if there is someone who provides this service for the individual.

Soiled Bed Linen Changes

Bed linen changes associated with soiling only.

Routine bed linen changes are included in housekeeping.

10 minutes per occasion, limit 30 minutes/day

days

total minutes

- A score should be given only for those who need assistance with changing linens soiled due to incontinence, excessive drooling, diaphoresis, etc.
- Enter the number of days per week that soiled linens must be changed.
- If this need is identified provide an explanation with justification.

Shopping: Groceries/Incidentals

**Shopping for groceries and incidentals: grooming and household cleaning supplies, etc.
(does include travel time) (Over 18 yrs. old)**

If no assistance is needed, enter "0" in section below

up to 60 minutes per week

Total minutes

- Assistance with shopping should primarily be for individuals who live alone or who have no one to assist them with this task.
- Shopping assistance may include making a shopping list, picking up medications or DME, purchasing items at the store, and/or putting items away in the individual's household.
- If assessed in need of shopping assistance, provide justification.

Meal Preparation

Meal Preparation – includes meal planning, storing, preparing, serving and clean up (over 18 yrs. old unless special preparation is required)

If no assistance is needed, enter “0” in section below

			total minutes
Dinner: 20 to 25 minutes	<input type="text"/>	# of dinners	<input type="text"/>
Lunch: 10 to 15 minutes	<input type="text"/>	# of lunches	<input type="text"/>
Breakfast: 10 to 15 minutes	<input type="text"/>	# of breakfasts	<input type="text"/>

- If the individual lives with others, take into account who is preparing meals for the household. The individual’s meals should not be separate from the households unless there are special dietary considerations.
- If individual receives assistance from a consistent alternate resource, do not include that meal in this entry and document in the explanation section.

Laundry

Laundry (over 18 yrs. old)

45 minute/week in home washer

75 minutes/week out of home washer

max 1

total minutes

- This section is intended for individuals who are unable to launder their own clothing (including ironing). Consider the availability of family/caregiver to do individual's laundry.
- There should be a detailed explanation justifying the need for additional time if the maximum guideline is exceeded. For example, increase in the amount of laundry due to incontinence, diaphoresis, excessive drooling, etc.

Personal Care Assistant (PCA) Nursing Assessment Tool

The below signature confirms that the member or his/her authorized representative participated in this nursing assessment but does NOT certify agreement with the determination.

Printed Name

Date

Signature

Relationship to Member

Questions

