



# PCA Process Guidelines with MnCHOICES

As of May 19, 2015-Version 6

## Updates

Changes to this document from previous version include:

- Added footnote #1.
- Clarified #17 regarding the responsible party providing input into the assessment.
- Added #27 and #28 regarding reassessments.

PCA Process Topic	PCA Assessment & Service Plan DHS-3244	MnCHOICES Assessment
<b>Assessment Timelines</b>		
1. Public Health Nurses (PHNs) complete assessments and reassessments within 30 calendar days of a request by a person/responsible party.	X	
2. A certified assessor completes an assessment within 20 calendar days of the request/assessment accepted.		X
<b>Service Planning and Authorization</b>		
3. When the person is eligible for and chooses PCA services at the time of the assessment, authorization of PCA services is entered into MMIS within 10 working days of the assessment. (Note: Per statute, this timeline is different than the CSP and CSSP timelines following a MnCHOICES assessment.) <ul style="list-style-type: none"> <li>a. If a Type B Service Agreement already exists in MMIS for another type of home care service, you will get the 874 Edit with instructions. The agreement should automatically route to DHS for processing. If the automatic routing fails, add 580 to the OVR LOC field on ASA2 screen.</li> </ul>	X	X
4. The <i>Community Support Plan Worksheet</i> DHS- 6791A is provided to the person <sup>1</sup> after the assessment.		X
5. A Community Support Plan, e.g., <i>MnCHOICES Community Support Plan with Coordinated Services and Supports Plan</i> DHS-6791B is completed and provided to the person within 40 calendar days of the assessment.		X
6. The <i>PCA Assessment and Service Plan</i> DHS-3244 includes the signature of the person to confirm the assessment was completed and that information about other services to meet needs was provided. <sup>2</sup>	X	
7. The <i>MnCHOICES Community Support Plan with Coordinated Services and Supports Plan</i> DHS-6791B includes the signature of the person to confirm that information about service and support options was provided.		X

<sup>1</sup> All references to the “person” also include the person’s legal representative, if applicable.

<sup>2</sup> For individuals on a waiver, the *Supplemental Waiver – PCA Assessment and Service Plan* DHS-3428D includes a signature of the person confirming choice of PCA services in the development of the Waiver CSP.



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8. The MnCHOICES <i>Community Support Plan with Coordinated Services and Supports Plan</i> DHS-6791B includes a signature of the person to confirm service and support options were shared, e.g., chose to use all PCA services in addition to other services/supports as written in their CSP, chose other services/supports as an alternative to the amount of PCA services determined in the MnCHOICES Eligibility Summary.		X
<b>Communicating with the PCA Provider</b>		
9. The <i>PCA Assessment and Service Plan</i> DHS-3244 is sent to the person/responsible party and the PCA provider on the same day that the PCA authorization is entered into MMIS.	X	
10. Following a MnCHOICES assessment, when a person chooses PCA services and selects a provider, the provider is sent the following information: <ul style="list-style-type: none"> <li>a. MnCHOICES PCA Summary report (printed from MnCHOICES); and</li> <li>b. Person Information section from the <i>Community Support Plan with Coordinated Services and Supports Plan</i> DHS-6791B, or another lead agency document that provides demographic information.</li> </ul> Reminder: The person receiving PCA services must be sent copies of all information that is sent to the PCA Provider.		X
11. PCA Providers will continue receiving communication from Provider Services.	X	X
<b>When a person is not eligible for or does not select PCA services at the time of the assessment</b>		
12. PCA Assessments are only completed for individuals who are financially eligible for Medical Assistance.	X	
13. MnCHOICES Assessments are completed for any individual who requests an assessment, regardless of whether the person is financially eligible for public programs, and regardless of whether the person requests any specific service.		X



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<p>14. If the person is eligible for PCA services but does NOT choose PCA services at the time of the PCA or MnCHOICES assessment, the person may opt to begin PCA services at any time within one year of the assessment.</p> <ul style="list-style-type: none"> <li>a. If the person has not chosen PCA services and/or has not selected a provider at the time of the assessment, enter a PCA Service Agreement in MMIS that includes a no pay code for the provider agency. (With MnCHOICES, this is entered no later than the date the CSP is completed. With PCA Assessment &amp; Service Plan DHS-3244, continue current practice.) The DHS statewide no pay code is A342517700.                             <ul style="list-style-type: none"> <li>1. If Type B Service Agreement already exists in MMIS for another type of home care service, enter and deny the PCA Service Agreement.</li> </ul> </li> <li>b. At the time the person selects a provider, services can be initiated the following ways:                             <ul style="list-style-type: none"> <li>1. The provider submits a <i>Technical Change Request Form</i> DHS-4074A to the DHS Resource Center. The provider also contacts the lead agency to request assessment information.</li> <li>2. The person notifies the lead agency. The lead agency either submits <i>PCA Request Fax Form</i> DHS-4292 to DHS, or enters the remainder of the service agreement in MMIS (the service agreement may route to DHS).</li> </ul> </li> <li>c. The start date for the PCA Service Agreement is the date of notification that the PCA agency was chosen.</li> <li>d. If the person is eligible for PCA services but is going on a waiver or Alternative Care, do not enter a PCA Service Agreement in MMIS.                             <ul style="list-style-type: none"> <li>1. NOTE: It's possible that a person may start out on a waiver, and then move to state plan PCA services at a later date, within one year of the assessment. The lead agency must then enter a PCA service agreement based on the MnCHOICES assessment. In order to facilitate this, an assessor <b>may</b> choose to respond 'yes' to the question 'Do you want to complete a PCA Service Agreement for this assessment?' (found in the PCA Service Agreement domain at the bottom of the left-hand navigation panel). The assessor does not need to complete the blank fields. After the assessment is closed, the lead agency can print the PCA Service Agreement from the PCA Service Agreement tab. The document will populate with the assessment results from the MnCHOICES assessment. The lead agency can cross out text that states 'No answer provided' and hand write the correct information next to those fields. The lead agency can use that document for MMIS data entry.</li> </ul> </li> </ul>	<p>X</p>	<p>X</p>



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<p>15. For people who are not yet financially eligible for Medical Assistance at the time of the MnCHOICES assessment, but who otherwise meet the criteria to receive PCA services, the person can opt to begin PCA service at the time they become eligible for MA, within one year of the assessment.</p> <ul style="list-style-type: none"> <li>a. Enter a PCA Service Agreement in MMIS that includes a no pay code for the provider agency. The DHS statewide no pay code is A342517700. The PCA service agreement will initially be denied.</li> <li>b. At the time the person becomes eligible for MA and selects a provider, services can be initiated the following ways:                             <ul style="list-style-type: none"> <li>o The provider submits a <i>Technical Change Request Form</i> DHS-4074A to the DHS Resource Center. The provider also contacts the lead agency to request assessment information.</li> <li>o The person notifies the lead agency. The lead agency either submits <i>PCA Request Fax Form</i> DHS-4292 to DHS, or enters the remainder of the service agreement in MMIS (the service agreement may route to DHS).</li> </ul> </li> <li>c. The start date for PCA services on the PCA Service Agreement can be no sooner than the date that ALL of the following three items are in place: 1) the MnCHOICES assessment date, 2) the date of MA eligibility, and 3) the date the qualified PCA provider starts delivering services.</li> </ul>		X
<b>Responsible Party</b>		
<p>16. If a person needs a responsible party, the responsible party must be present during the PCA assessment.</p>	X	
<p>17. If a person needs a responsible party, it is not required that the responsible party be present during the MnCHOICES assessment. However, the certified assessor should inform the responsible party of the assessment and give an opportunity to provide input into the assessment.</p>		X
<p>18. If a person needs a responsible party, the name of the responsible party(ies) must be included on the PCA Service Agreement.</p>	X	X
<b>Additional Information</b>		
<p>19. A Long Term Care Screening Document (LTC SDOC) is entered in MMIS following every MnCHOICES assessment.</p>		X



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20. The lead agency is responsible for making changes, e.g., going from traditional to PCA Choice, Shared Care, etc. <ul style="list-style-type: none"> <li>○ Assessor determines appropriateness of options such as PCA Choice and Shared Care for the person and indicates decision on the PCA Service Agreement.</li> <li>○ The provider sends a <i>PCA Technical Change Request</i> DHS-4074A to the DSD Resource Center.                             <ul style="list-style-type: none"> <li>• If the option is checked, the change is made in MMIS by the DSD Resource Center.</li> <li>• If the option is not checked, the DSD Resource Center directs the provider to contact the assessor.</li> <li>• The assessor completes the <i>PCA Request Fax</i> DHS-4292 to make the change.</li> </ul> </li> </ul>	X	X
21. The assessor completes the <i>Communication to Physician of Personal Care Assistance Services</i> DHS-4690. <i>Note: Complete DHS-4690 when authorizing PCA services whether funded by state plan MA or a waiver/AC.</i>	X	X
22. The assessor gives a <i>Notice of Action</i> DHS-2828 and enters a PCA service agreement when PCA services are denied, decreased or terminated.	X	X
23. A 45-Day Temporary Start of Care is completed by telephone using the <i>PCA Assessment and Service Plan</i> DHS-3244 as a guide to determine units to authorize.	X	X
24. A 45-Day Temporary Increase is completed by telephone using the <i>PCA Assessment and Service Plan</i> DHS-3244 as a guide to determine the number of units to increase.	X	X
25. DHS no longer needs to approve a third PCA assessment in a year for counties and tribes whose reimbursement is through the time study.	X	X
26. DHS approval is required for a third PCA assessment in a year for contracted agencies completing assessments on behalf of counties.	X	
27. Lead agencies have the option to conduct a “service update” via phone for certain PCA recipients, instead of a face to face reassessment.	X	
28. All MnCHOICES reassessments are conducted in person.		X



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## Additional Resources:

- [PCA Consumer Information Website](#)
- [PCA Program Manual](#)
- [Community Based Services Manual \(CBSM\) Forms](#)

For assistance resolving issues with PCA Service Agreements, you may contact the [Disability Services Division Resource Center \(DHS-4653\)](#).