

**Frequently Asked Questions (FAQ)
For PCA Services Beginning July 1, 2011**

- Q. Does South Country Health Alliance (SCHA) need to review for Medical Necessity?**
A. The PCA assessment is the medical necessity determination for whether an enrollee is eligible for PCA services.
- Q. Can SCHA change the hours or level of service determined by the PCA Assessment?**
A. SCHA, under no circumstances, should change the hours or level of service determined by the PCA assessment. The level of service the enrollee receives is determined by law.
- Q. What can SCHA do if they disagree with the hours or service level determined in the assessment?**
A. They may ask for a reassessment.
- Q. Members with just one ADL—are services provided until July?**
A. Services as the assessment indicated are in place until the end of the day of June 30, 2011.
- Q. How are members notified of the PCA services being terminated?**
A. Members identified as not meeting the criteria as of July 1, 2011, should have a reassessment scheduled. If they do not meet the criteria SCHA will send a DTR to the member with the right to appeal 30 days prior to the end date of service.
- Q. If a member has had an approval issue for beyond June 30th, but does not qualify according to the new criteria, what should happen?**
A. A reassessment should be done and that will determine continuing services.
- Q. What are the new criteria?**
A. Effective July 1, 2011, recipients must have two (2) or more dependencies in activities of daily living (ADL) to access PCA services. ADLs include bathing, dressing, eating, grooming, mobility, positioning, toileting and transferring.
- Q. What if the Member has a level 1 behavior?**
A. Level 1 behavior is no longer included in the PCA access criteria. However, Level 1 behavior remains part of the home care rating and base unit determination for those individuals that meet the two ADL criteria.

Q. Who should be reassessed?

- A.** Assessors should complete a face-to-face reassessment for current PCA recipients who meet one of the following criteria:
- Dependency in one ADL
 - Level 1 behavior, only
 - Dependency in one ADL and Level 1 behavior

Q. For managed care recipients not on a waiver, when should the reassessments be done?

- A.** The reassessment should be done between January 1, 2011 and June 30, 2011.

Q. Waiver and AC program recipients—when do the changes apply to those recipients?

- A.** The recipient should be reassessed at their regularly scheduled reassessment time if the assessment date falls between January 1, 2011 and November 30, 2011; Completed reassessments by November 30, 2011 for recipients with December 2011 reassessment dates; Recipients should be transitioned, that do not meet the two ADL criteria, to other services beginning July 1, 2011 and ending no later than December 31, 2011.

Q. If a client is an EW recipient can they choose an alternative to PCA?

- A.** If an EW client chooses other services/supports as an alternative to PCA services, the client confirms this choice by signing the PCA Supplemental Form, indicating the enrollee's agreement with the change.