

PCA Phase II 2011 Reassessment Schedule

Recipients receiving state plan personal care assistance (PCA), Consumer Support Grant (CSG), a home and community-based waiver or Alternative Care (AC) Program must receive a face-to-face reassessment in 2011 if they fall into one of the following categories:

- One dependency in an Activity of Daily Living (ADL)
- Only Level I Behavior
- One dependency in an ADL and Level I Behavior

Current State Plan PCA/CSG Recipients - [Examples](#)

Service Agreement Start Date	Service Agreement End Date	Reassessment Due Date
7/1/10	6/30/11	May-June, 2011
8/1/10	7/31/11	June-July, 2011
9/1/10	8/31/11	July-August, 2011
10/1/10	9/30/11	August-September, 2011
11/1/10	10/31/11	September-October, 2011
12/1/10	11/30/11	October-November, 2011
1/1/11	11/30/11	October-November, 2011
2/1/11	7/31/11	June-July, 2011
3/1/11	8/31/11	July-August, 2011
4/1/11	9/30/11	August-September, 2011
5/1/11	10/31/11	September-October, 2011
6/1/11	11/30/11	October-November, 2011

Current Waiver and AC Program Recipients - [Examples](#)

Complete reassessments at the regular time between January 1, 2011 and November 30, 2011. If PCA reassessments are due in the month of December 2011, complete reassessments by November 30, 2011. Transition recipients that do not meet the two ADLs criteria for PCA services to other services beginning July 1, 2011. Recipients must receive the 30-day notice of a reduction or termination of PCA services.

Current Managed Care Recipients (not on a waiver program) - [Examples](#)

Complete reassessments between January 1, 2011 and June 30, 2011. Refer and transition recipients that do not meet the two ADLs criteria for PCA services to other services beginning July 1, 2011. These recipients will not require an additional face-to-face reassessment before PCA services end **unless** they report a change in condition.

New PCA Recipients - [Examples](#)

For recipients with initial PCA Assessments between February 1, 2011 and June 30, 2011 that do not meet the two ADL criteria, establish service agreements through June 30, 2011. These recipients do not need reassessments **unless** they report a change in condition. This applies to any of the following:

- State Plan PCA services
- Consumer Support Grant (CSG) Program with a PCA level of care
- Waiver Programs including Alternative Care (AC) Program
- Managed Care

1. Current State Plan PCA or CSG recipient reassessment **before** 7/1/11
 - a. Complete reassessment on 2/16/11. Recipient has one ADL and Level I behavior.
 - b. Enter new service agreement (SA) beginning 3/1/11 and ending 8/31/11.
 - c. Reassess on 7/22/11. Recipient has less than two ADLs.
 - d. Enter and approve new SA for 9/1/11-9/30/11 to provide 30-day notice. Use appropriate reason code on SA line for 30-day notice (569 for PCA or 570 for CSG).
2. Current State Plan PCA or CSG recipient reassessment **after** 7/1/11
 - a. Complete reassessment on 9/16/11. Recipient has one ADL.
 - b. Enter and approve new SA for 10/1/11-10/31/11 to provide 30-day notice. Use appropriate reason code on SA line for 30-day notice (569 for PCA or 570 for CSG) on the SA line.
3. Current Waiver or AC recipient reassessment **before** 7/1/11
 - a. Complete annual reassessment on 4/16/11. Recipient has one ADL and Level I behavior.
 - b. Enter new (SA) beginning 5/1/11 and ending 4/30/12 for all waiver services.
 - c. Enter state plan and extended PCA services lines beginning 5/1/11 and ending 6/30/11 to provide 30-day notice. Use appropriate reason code on SA line for 30-day notice (569 for PCA).
 - d. Enter new SA line item with alternative services beginning 7/1/11 and ending 4/30/12.
4. Current Waiver or AC recipient reassessment **after** 7/1/11
 - a. Complete annual reassessment on 10/16/11. Recipient has one ADL.
 - b. Enter new (SA) beginning 11/1/11 and ending 10/31/12 for all waiver services.
 - c. Enter state plan and extended PCA services lines for 11/1/11-11/30/11 to provide 30-day notice. Use appropriate reason code on SA line for 30-day notice (569 for PCA).
 - d. Enter new SA line item with alternative services beginning 11/1/11 and ending 10/31/12.
5. Current Managed Care recipient reassessments **before** 7/1/11
 - a. Complete reassessment on 3/2/11. Recipient has one ADL and Level I behavior.
 - b. Enter new service authorization beginning 4/1/11 and ending 6/30/11 or based on each health plan's policy. Provide appropriate 30-day notice of termination for PCA services.
 - c. No additional face-to-face assessment is required unless the recipient reports a change in condition before 7/1/11.
 - d. There is no **after** 7/1/11 for managed care since reassessments will be complete by 6/30/11.
6. Initial PCA assessment for **all** recipients **before** 7/1/11
 - a. Initial assessment completed in February 18, 2011. Recipient has only level I behavior.
 - b. Enter new SA beginning 3/1/11 and ending 6/30/11. Provide 30-day notice on current agreement and use appropriate MMIS reason code (569 for PCA or 570 for CSG) on the SA line.

- c. MMIS is programmed for new PCA and CSG assessments only to end by 6/30/11 for those with fewer than two ADLs.
 - d. Explain to new recipients during the assessment that they will only get PCA through 6/30/11 because of the change in law.
7. Initial PCA assessment for **all** recipients **after** 7/1/11
- a. Initial assessment completed August 13, 2011. Recipient has one ADL.
 - b. Enter new SA that begins and ends on the same date as the assessment 8/13/11. Provide denial notice on the agreement and use appropriate MMIS reason code (571 for PCA or 572 for CSG) on the SA line.