Personal Care Assistance Services - A Report to the 2010 Minnesota Legislature

Disability Services Division

March 2010

Legislative Report

Minnesota Department of Human Services

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I. Executive Summary

Personal care assistance (PCA) is a home care service administered by the Minnesota Department of Human Services. Personal care assistants provide services and support to help people who need assistance in activities of daily living, health-related procedures and tasks, observation and redirection of behaviors and instrumental activities of daily living (for adults). PCA services are funded by Medical Assistance, MinnesotaCare expanded benefits and Alternative Care.

PCA services had grown in number of people served as the services have expanded across all Medical Assistance populations. The complexity of the program has also increased over time. The 2009 reform introduces change to help people who need the service most get it in a cost-effective, quality-conscious manner. Changes were made to:

- Improve consumer protection and assure consumer health and safety
- Increase accountability
- Produce cost savings
- Simplify and clarify requirements
- Strengthen provider standards

The 2009 Minnesota Legislature enacted comprehensive reform of PCA services. Governor Pawlenty signed these reforms into law on May 22, 2009. DHS was directed to make several changes, including the following major initiatives:

- Modify access, assessment and service authorization processes
- Require DHS-administered training for provider agencies, qualified professionals and personal care assistants
- Strengthen PCA Provider initial and annual enrollment requirements

The sustainability changes made in 2009 will result in $63 million in less spending than forecasted for FY 2010 - 2011 and $109 million in less spending than forecasted for FY 2012 - 2013. This translates in an annual growth rate reduction of approximately 3 percent going from 8.45 percent to 5.49 percent.

During the last half of 2009, DHS engaged staff and stakeholders in a massive effort to implement changes to PCA services. Several stakeholder groups (See Appendix A) met to guide the development of new policies and procedures. Highlighted accomplishments include:

- Developed and began six-month PCA reassessment project, a phased rollout of the new assessment and authorization process
- Developed enhanced recipient referral sheet
- Developed initial and annual provider enrollment policies and procedures
- Developed new assessment tool, instructions and process for PCA assessment (See appendices B and C)
- Developed new home care rating and service authorization process (See appendices D and E)

- Developed policy, procedures and infrastructure for new background study requirements
- Revised Medicaid Management Information System (MMIS) to reflect assessment and service authorization changes, new service denial reason codes and changes to prevent improper payments
- Revised multiple policies and procedures to reflect legal changes
- Trained over 2,882 staff representing lead agencies, health plans, provider agencies, stakeholders and others involved in PCA services

II. Background

Personal care assistance (PCA) is a home care service administered by the Minnesota Department of Human Services. Personal care assistants provide services and support to help people who need assistance in activities of daily living, health-related procedures and tasks, observation and redirection of behaviors and instrumental activities of daily living (for adults). PCA services are funded by Medical Assistance, MinnesotaCare expanded benefits and Alternative Care.[1]

PCA services had grown in number of people served as the services have expanded across all Medical Assistance populations. The complexity of the program has also increased over time. The 2009 reform introduces change to help people who need the service most get it in a cost-effective, quality-conscious manner.

The 2009 Minnesota Legislature enacted comprehensive reform of PCA services. This report fulfills the legislative requirement under 2009 Laws of Minnesota, Chapter 79, Article 8, Section 80 (2):

> report data on the training developed and delivered for all types of participants in the personal care assistance program, audit and financial integrity measures and results, information developed for consumers and responsible parties, available demographic, health care service use, and housing information about individuals who no longer qualify for personal care assistance, and quality assurance measures and results to the legislative committees with jurisdiction over health and human services policy and finance by January 15, 2010, and January 15, 2011.

This report was prepared by the staff of the Minnesota Department of Human Services, Continuing Care Administration, Disability Services Division.

[1] Medical Assistance is Minnesota's Medicaid program. It is jointly funded by state and federal government to provide health care services to people with low incomes. MinnesotaCare is a publicly subsidized health plan for people who do not have access to affordable health care coverage. Alternative Care assists Minnesotans 65 years and older who meet income and asset requirements to receive community services instead of moving into a nursing home.

This report provides an overview of the recent legislatively mandated changes to PCA services. It reports on the progress of implementing the PCA reform efforts, including the following topics mandated by 2009 Laws of Minnesota, Chapter 79, Art.8 Sec. 80 (2):

- Training initiatives
- Audit and financial integrity measures
- Consumer and responsible party information
- Available demographic, health care service use and housing information about individuals who no longer qualify for personal care assistance
- Quality assurance measures

III. 2009 Legislative Changes

The 2009 Minnesota Legislature enacted comprehensive reform of PCA services. Governor Pawlenty signed these reforms into law on May 22, 2009. DHS was directed to make several changes, including the following major initiatives:

- Modifying the access, assessment and service authorization process
- Requiring DHS-administered training for provider agencies, qualified professionals and personal care assistants
- Strengthening PCA Provider initial and annual enrollment requirements

There are three main implementation dates.

Effective July 1, 2009:

- Assessors must provide referrals to the consumer and responsible party for other services as part of the assessment (Page 10 of Appendix B)
- Lead agencies must send a copy of the completed PCA Assessment and Service Plan (Appendix B) to consumers, responsible parties and providers within 10 working days
- New PCA provider agencies must complete the new enrollment process and meet all new requirements prior to providing PCA services
- New PCA provider agency owners, operators, managing parties, qualified professionals, and billing staff must complete required training prior to providing PCA services
- New provider agency owners, operators and managing parties, qualified professionals, and individual PCAs must pass a background study prior to providing PCA services
- Per statute, individual PCAs can work a maximum of 310 hours a month (275 per Governor’s unallotment)
- Provider agencies and responsible parties must enter into written agreements with each other

Effective January 1, 2010:

- Access to PCA services is limited to people with at least one dependency in an activity of daily living or who exhibit Level 1 behavior. A dependency means a person requires assistance to begin and complete one or more activities of daily living. Level 1 behavior

is physical aggression towards self, others or destruction of property that requires the immediate response of another person.
- Lead agencies must assess people using a new assessment tool and revised home care rating and authorization requirements.
- PCA provider agencies must complete annual reenrollment reviews to continue providing PCA services.
- PCA provider agencies must use 72.5 percent of PCA revenue towards PCA salary and benefits.
- PCA provider agencies must have qualified professional supervision of PCA staff.
- PCA provider agencies cannot both control someone's housing and provide PCA services.
- PCAs cannot assist children under age 18 with instrumental activities of daily living.
- PCA provider agencies, qualified professionals and individual PCAs must complete DHS required training.
- Stepparents cannot provide PCA services.

Effective July 1, 2011:

- Access to PCA services is limited to people with at least two dependencies in activities of daily living
- DHS must implement an alternative service for persons with mental health and other behavioral challenges who can benefit from other services that more appropriately meet their needs and assist them in living independently in the community

IV. Reform Implementation

During the last half of 2009, DHS has engaged staff and stakeholders in a massive effort to implement changes to PCA services. Several stakeholder groups (Appendix A) met to guide the development of new policies and procedures.

This section of the report reviews the training developed and delivered, audit and financial integrity measures, consumer and responsible party information, quality assurance measures and other accomplishments since June 1, 2009.

A. Training initiatives

The following training occurred between June 1, 2009, and January 30, 2010.

Training between June 1, 2009, and January 30, 2010

Target Audience	Title	Mode	Frequency	Attendance
Continuing Care Stakeholders	Continuing Care Administration: Legislative Session 2009 Policy Update and Impact	Face-to-face	Ten sites statewide	1,289+
Continuing Care Stakeholders	Continuing Care Administration: Legislative Session 2009 Policy Update and Impact	Videoconference	Twice - 45 sites statewide	531+
Continuing Care Stakeholders	Continuing Care Administration: Legislative Updates	Videoconference	Twice - 22 sites statewide	436
Lead Agencies	Personal Care Assistance Legislative Updates	Videoconference	Twice - 51 sites statewide	689
Lead Agencies	PCA – A New Assessment	One-day face-to-face	18 sessions statewide	1,192
Provider Agencies and Qualified Professionals	Steps for Success Update	One-day face-to-face	Seven sessions	281
Provider Agencies and Qualified Professionals	Steps for Success for PCA Provider Agencies	Three-day face-to-face	Five sessions	248
Appeals Judges	PCA Assessment and Service Authorization Changes	Face-to-face	One session	24
Disability Linkage Line Staff	Personal Care Assistance Legislative Updates	Live and recorded Webinar	One session - recording available	12
			Total	2,882+

Ongoing Training Activity

DHS continues to offer both mandatory and voluntary training opportunities related to PCA services. Details about training offered in 2010 will be included in the 2011 report.

Provider Owners and Managing Employees

DHS has offered voluntary PCA provider agency training since 2008. Those participants needed to attend a one-day Steps for Success update to meet the new provider agency training requirements.

Each owner and managing employee of every new PCA provider agency must attend and successfully complete Steps for Success training before providing services.

Each owner and managing employee of every PCA provider agency must attend and successfully complete training by January 1, 2011. Managing employees who solely manage non-PCA areas of the business and board of director members who are not owners, managing employees, qualified professionals or designated billing staff do not have to complete Steps-for-Success.

Steps for Success is offered monthly for up to 100 participants.

Qualified Professionals

Steps for Success is continuously evaluated to increase the efficiency and effectiveness of the training. It has traditionally been a three-day face-to-face training. Effective February 2010, qualified professionals have the option of attending one day of Steps-for-Success rather than the full three days, at the direction of their provider agency. Online learning modules are under development and will reduce the face-to-face component to two days for owners and managing employees and less than one day for qualified professionals.

New qualified professionals must attend Steps for Success within six months of the date hired by a PCA provider agency.

Personal Care Assistants

2009 legislation called for mandatory DHS training for personal care assistants. PCA training minimally needed to cover:

- Basic first aid
- Vulnerable adult/child maltreatment
- Occupational Safety and Health Administration (OSHA) universal precautions
- Basic roles and responsibilities
    - Lifting and transfers
    - Emergency preparedness
    - Positive behavioral practices
    - Fraud issues
    - Time sheets

DHS formed an advisory committee, conducted research and analysis, developed curriculum and contracted for the creation of online training. DHS also built the technical capacity to track training participant progress and completion. Filming is complete for the video components and Rivertown Communications Inc. is producing a nine part online module.

The nine parts of the online training include:

- Overview
- Emergencies
- Infection Control and Standard Precautions
- Body Mechanics
- Understanding Behaviors
- Boundaries and Protection
- Timesheet Documentation
- Fraud
- Self Care

The online training modules and the accompanying test are being piloted. When the training is rolled out, each new PCA must successfully complete PCA training before providing services. Current PCAs must complete PCA training within a year of roll out. Viewing the online modules is optional. Passing the test is required.

Lead Agencies

While no legislative mandate exists, DHS provides periodic training for lead agency staff on the PCA service.

The eighteen sessions of "PCA - A New Assessment" was voluntary and well attended. Post training evaluations were very positive. Evaluation results indicated:

- 93 percent reported the training was very relevant or relevant
- 93 percent rated the helpfulness of material covered as excellent or good
- 92 percent rated the helpfulness of handouts as excellent or good
- 98 percent rated presenter knowledge as excellent or good

Some of the responses to the question, "What was most helpful or relevant?" include:

- "Fact that PCA assessments are now more clear-cut than being an art. The information on how to conduct an assessment was the most helpful."
- "I appreciated having the flow chart handouts that tell you specifically what amount of PCA units a person can have based on the assessment and the amount of dependencies that the individual has."
- "Worksheets to determine the level are very helpful and easy to understand. This PCA evaluation makes sense unlike other forms. "
- "Specific details about the changes to PCA program and listening to our questions and concerns. Very much appreciated the interest in hearing our feedback about the drafts and the efforts to simplify and organize the information."

- "This was the best DHS training I have attended. It was well organized, presenters were good speakers and presentation style was easy to listen too. An excellent presentation of the new PCA assessment process."

DHS is developing a comprehensive assessment for PCA services, long-term care consultations, waiver and alternative care eligibility, private duty nursing and home health agency services. Beginning January 1, 2011, lead agencies must use certified assessors. There is required training to become a certified assessor.

B. Audit and financial integrity measures

DHS has expanded upon auditing efforts to assure the financial integrity of PCA services. DHS database systems have built in edits to validate PCA data and claims.

DHS has implemented several changes to increase the financial integrity of PCA services.

- Effective July 15, 2009, required all providers submit claims electronically for payment, raising the number of electronic claims from 96 percent to 100 percent.

- Effective July 1, 2009, payments are limited to 275 hours a month for an individual PCA. Between July 1, 2009, and February 2, 2010, providers have submitted 3,170 claims for 1,530 PCAs for more than the 275 hour limit

- DHS computer systems automatically changed services agreement end dates to trigger the consumer reassessment process.

Effective July 1, 2010, the enhanced enrollment and annual reenrollment requirements for PCA provider agencies include new requirements and audit procedures. Some of the new requirements and audit procedures include:

- Verification that owners, managers, or qualified professionals are in good standing with the U.S. Department of Health and Human Services Office of Inspector General

- All owners, managers, qualified professionals and personal care assistants must pass a background study prior to providing services

- All qualified professionals licensure is verified

- Copies of bank statements, insurance policies, bonds and Secretary of State's registration are required

C. Consumer and responsible party information

DHS has developed and improved several information tools for consumers and responsible parties.[2]

- Direct mailed 21,000 current consumers regarding changes to PCA services in June 2009
- Direct mailed 21,000 current consumers regarding changes to PCA services in July 2009
- Direct mailed current consumers regarding changes to PCA services in October 2009
- Revised PCA Assessment and Service Plan consumer notice and instructions to lead agencies on March 1, 2010
- Centralized information about PCA services at a new PCA site on the DHS public Web at www.dhs.state.mn.us/pca
- Developed enhanced recipient referral sheet (Page 10 of Appendix B)
- Developed PCA Program Responsible Party Agreement and Plan
- Required assessors to send consumers, responsible parties and providers a copy of completed PCA Assessment and Service Plan (Appendix B) within 10 working days
- Revised responsible party policy to reflect new requirements

D. Available demographic, health care service use and housing information about individuals who no longer qualify for personal care assistance

Since the changes to the assessment and authorization process and access to PCA services just began December 1, 2009, there is not comprehensive data on demographic, health care service use and housing information about individuals who no longer qualify for personal care assistance. This information will be in the January 2011 report.

As of this report, 5,815 assessments/reassessments have been completed. The following information is available about this sample of consumers:

- 515 new consumers had an initial assessment
- 5,300 were reassessed
- 1,900 of the 5,300 consumers reassessed saw a reduction or termination of PCA services (36 percent of sample)
- 3,400 of the 5,300 consumers reassessed had no change to their previous service levels or received an increase in their PCA service hours (64 percent of sample)
- 98 of the 5,300 consumers no longer qualify for PCA services because they have no dependencies in activities of daily living or Level I behavior (2 percent of sample)

Effective July 2011, consumers must be dependent in two or more activities of daily living to qualify for PCA services. DHS anticipates 1,600 people, approximately 66 percent with a mental illness, will no longer qualify for PCA services at that time.

[2] Responsible parties are required for recipients under age 18, those with a court appointed guardian and those unable to direct their own care.

E. Quality assurance measures

DHS developed a quality assurance project plan to measure the effects of 2009 legislative initiatives. The Quality Commission, an advisory work group representing aging and disability services stakeholders, is assisting DHS in identifying quality management-related indicators to measure and report the effects of 2009 legislative changes in several continuing care administration programs, including PCA services.

Commission participants proposed some candidate indicators to DHS for measurement and reporting. Candidate indicators will be refined to evaluate their importance and feasibility. Once final indicators are selected, implementation and continuous improvement will progress.

F. Other accomplishments

Other accomplishments include:

- Developed new PCA assessment tool and process.
- Developed new home care rating and service authorization process.
- Developed detailed instructions for the new assessment and service authorization.
- Developed six-month reassessment project, a phased rollout of the new assessment and authorization process.
- Transitioned 54 consumers, so far, with MT, CS and HL home care ratings (Appendix D) to waivers.
- Prepared staff and judges for increase in appeals. Between December 1, 2009, (first use of new assessment and authorization process) and February 11, 2010, DHS has received 243 appeals, a 273 percent increase over previous appeal rates. The number of appeals continues to increase. For example, 49 appeals were filed during the week of March 1-5, 2010.
- Developed initial and annual provider enrollment policies and procedures.
- Developed process to complete mandatory background studies.
- Developed process to quickly return incomplete individual PCA enrollment applications, including clear instructions regarding what is missing from the application. Complete applications are processed within an average of one week and providers are notified immediately, via MN-ITS, when a Unique Minnesota Provider Identifier (UMPI) is assigned to a new PCA.
- Revised multiple policies and procedures to reflect legal changes.
- Developed policy, procedures and infrastructure for new background study requirements. 80 percent of background studies are completed within three to five days. Past analysis showed that 56 percent of background studies that took longer than five days resulted in disqualification.
- Revised Medicaid Management Information System to reflect legislative changes. These include providing consumers with at least a 30-day notice of a reduction or denial of PCA services and new service reduction and denial reason codes.
- Revised computer systems to limit payment of PCAs to 275 hours month maximum.

A variety of methods has been used to communicate changes to PCA services. Target audiences include consumers, responsible parties and families; lead agencies, including counties, tribes and health plans; assessors; provider agency owners, operators, managing parties, billing staff, qualified professionals and PCAs; DHS colleagues; stakeholders and advocates. Communication methods include direct mail, telephone, Web pages, electronic mailings, videoconferences, regional meetings and presentations, individual and small group meetings and others.

V. Conclusion

Full implementation of the 2009 PCA reform legislation is ongoing. Several key components of the reform will be implemented in phases, per statute.

The law phases in use of the new assessment and service authorization processes. Most consumers will be reassessed before July 1 2010. The law calls for the phasing in of new access requirements. The first phase of the new access requirement (at least one activity of daily living or Level 1 behavior) is being applied during the six-month reassessment process. All new consumers must meet new access requirements. The second phase of access requirement changes (at least 2 ADLs) is to begin July 1, 2011. A comprehensive evaluation of the outcomes of these changes will begin when the changes are fully implemented. Preliminary data is included in this report and further data will be available for the January 2011 report to the legislature.

Provider accountability reforms are also being phased in. New provider agencies must meet the new requirements before providing PCA services. The first round of annual reviews for current provider agencies will be completed in early 2011. It will take at least a year for current owners, managing parties, qualified professional and PCAs to complete the new training requirements. New agencies and new PCAs must complete training prior to providing services. The impact of reforms targeting provider agencies and PCAs will be included in the January 2011 report to the legislature.

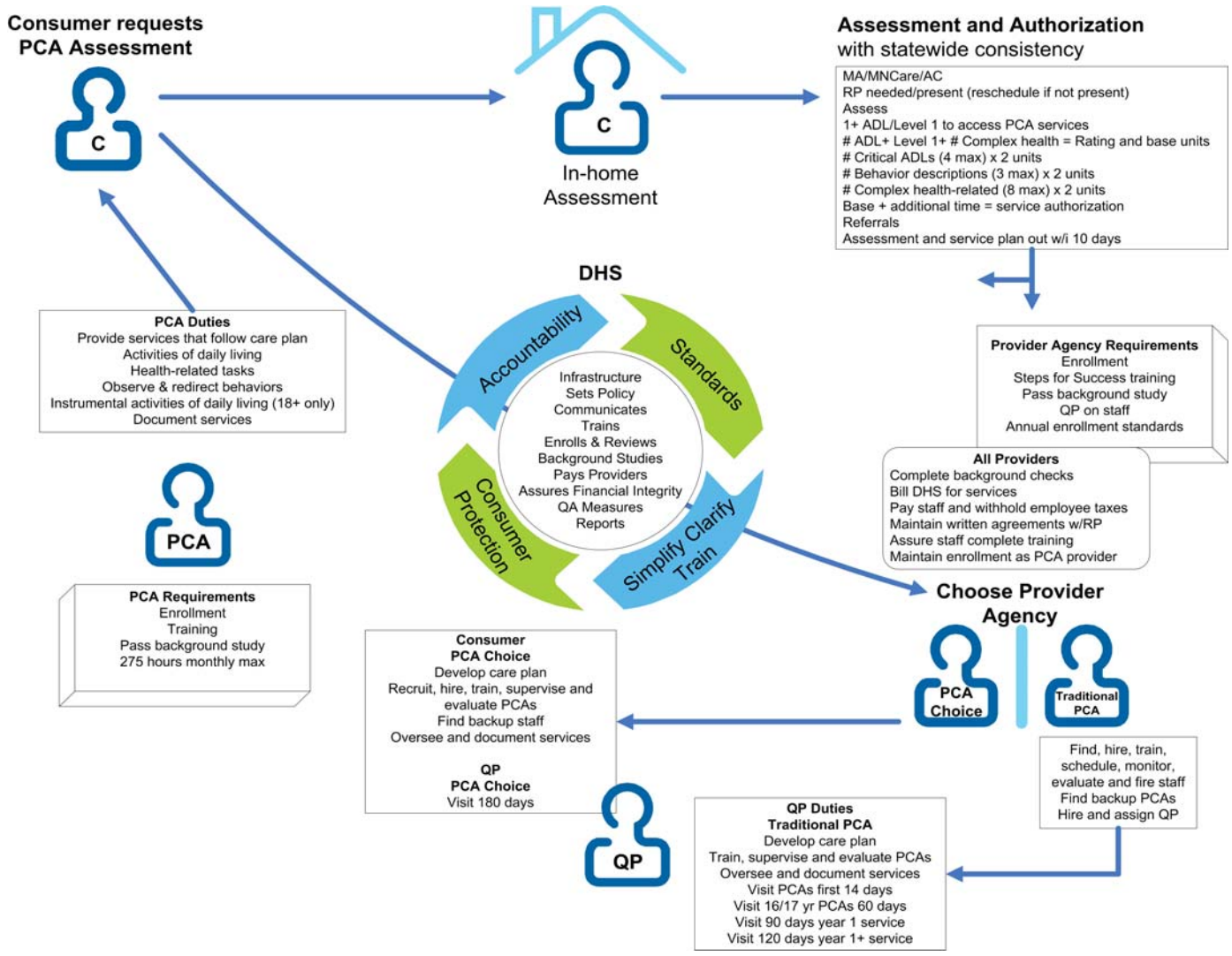
Ongoing implementation activities include:

- Reassess 16,000 fee-for-service consumers by June 30, 2010.
- Reassess PCA consumers on a managed care plan by June 30, 2010, and waiver consumers on a managed care plan by December 31, 2010. In 2008 more than 8,800 consumers on managed care received PCA services. 2009 data is not yet available. We anticipate at least 8,800 consumers on managed care plans will be assessed using the new criteria.
- Gather data and transition consumers living in provider controlled housing to new housing or new service providers by August 2010.
- Reassess 6,000 waiver consumers not on managed care by December 31, 2010.
- Develop alternative service for those who no longer meet access criteria for PCA services as of July 1, 2011.
- Implement annual review of provider agencies.
- Continue transitioning consumers with MT, CS and HL home care ratings to home and community-based waivers.
- Implement physician notification system as an alternative to the physician statement of need.

- Implement quality assurance project plan to measure the effects of 2009 legislative initiatives.
- Gather and analyze data on demographic, health care service use and housing information about individuals who no longer qualify for personal care assistance.
- Obtain approval for waiver and state plan amendments from the Centers for Medicare & Medicaid Services.
- Continue implementing training requirements.
- Continue developing communication tools to support all parties involved with PCA services.

In January 2011, DHS will submit another legislative report on the progress of PCA reform efforts.

The diagram below illustrates the PCA service and highlights key requirements and duties.



Acronym key

AC – Alternative Care
ADL – activities of daily living
C – consumer
DHS – Minnesota Department of Human Services
Level 1 – behavior rating
MA – Medical Assistance
MNCare – MinnesotaCare
PCA – personal care assistance or assistant
QA – quality assurance
QP – qualified professional
RP – responsible party

This is a narrative description of the diagram visually illustrating the personal care assistance service. The diagram also provides some of the key requirements and duties different entities play.

The center of the diagram is the Minnesota Department of Human Services. DHS's role includes infrastructure, sets policy, communicates, trains, enrolls and reviews, background studies, pays providers, assures financial integrity, quality assurance measures and reports. Directly surrounding DHS are the key principles of the PCA reform effort, including accountability, standards, simplify, clarify, train and consumer protection.

In the upper left corner is a stick figure of the PCA consumer and the action consumer requests PCA assessment. An arrow points to the right at a stick figure under a roof. This illustrates the consumer having an in-home assessment. The new assessment and authorization process has statewide consistency.

The items under the assessment and authorization heading include:

- Medical Assistance, MinnesotaCare, Alternative Care
- Responsible party needed/present (reschedule if not present)
- Assess
- 1plus activities of daily living/Level 1 to access PCA services
- # ADLs plus Level 1 plus # Complex health equals Rating and base units
- # Critical ADLs (4 max) times 2 units
- # Behavior descriptions (3 max) times 2 units
- # Complex health-related (8 max) times 2 units
- Base plus additional time equals service authorization
- Referrals

Arrows indicate that the assessment and service plan is sent out to consumer and provider agency within 10 days.

Boxes below the assessment and authorization section list information about the role of PCA provider agencies.

Provider agency Requirements:

- Enrollment
- Steps for Success training
- Pass background study
- Qualified professional on staff
- Annual enrollment standards

All providers must:

- Complete background checks
- Bill DHS for services
- Pay staff and withhold employee taxes
- Maintain written agreements w responsible party
- Assure staff complete training
- Maintain enrollment as PCA provider

An arrow from the consumer in the upper left of the diagram flows to the lower right corner of the diagram where the consumer chooses their provider agency. Consumers have two choices, traditional PCA and PCA Choice.

Under traditional PCA, the provider agency is responsible to find, hire, train, schedule, monitor, evaluate and fire staff; find backup PCAs; hire and assign qualified professional. An arrow points from the stick figure of a traditional PCA provider agency to the role of the QP under traditional PCA.

The qualified professional duties under traditional PCA include:
- Develop care plan
- Train, supervise and evaluate PCAs
- Oversee and document services
- Visit PCAs first 14 days
- Visit 16/17 year old PCAs 60 days
- Visit 90 days year 1 service
- Visit 120 days year 1 plus service

A stick figure of a qualified professional is surrounded by the lists of the QP duties under traditional PCA and PCA Choice.

An arrow points from a stick figure of a PCA Choice provider agency to the consumer and QP roles under the PCA Choice option. Under PCA Choice option, the consumer must:
- Develop care plan
- Recruit, hire, train, supervise and evaluate PCAs
- Find backup staff
- Oversee and document services

Under the PCA Choice option, the qualified professional visits every 180 days.

A stick figure of the PCA is in the lower left of the diagram. PCA requirements include:
- Enrollment
- Training
- Pass background study
- 275 hour monthly max

An arrow from the list of PCA duties points to the stick figure of the consumer in the upper left corner. The PCA duties include:
- Provide services that follow care plan
- Activities of daily living
- Health-related tasks
- Observe and redirect behaviors
- Instrumental activities of daily living (18 years plus)
- Document services

VI. Appendices

A. Stakeholder Groups

Assessment/Authorization/Service Planning

Amelia Mata, Hennepin Homes
Amy Lembcke, DHS Child Foster Care
Amy Nelson, Accurate Home Care
Angela Bicknese, Olmstead County
Audrey Fischer, DHS Disability Services
Becki Pender, PrimeWest
Connie Erlandson, DHS Disability Services
Connie Leland, Faribault and Martin County
Dean Ritzman, DHS Disability Services
Debra Beske-Brown, DHS Child Foster Care
Diane Benjamin, Washington County
Gary Cox, DHS Children's Mental Health
Jane Vujovich, DHS Aging and Adult Services
Jeanine Wilson, Hennepin County
Jeanne Thull, Crow Wing County
Jill Johnson, DHS Children's Mental Health
Jill Sonstelie, Polk County
Jim Leibert, DHS Disability Services
Jolene Kohn, DHS Aging and Adult Services
Joy Boser, Medica
Judy Barton, Local Public Health Association of Minnesota
Julie Burns, St. Louis County
Lori Jarnot, Stearns County
Kara Hall, DHS Disability Services Division
Kathy Bryan, Dakota County
Kathy Hendrickson, Accra Care
Kathy Kelso, Mental Health Association of Minnesota
Kathy Moline, Blue Plus
Kristen Sanders, Sherburne County
Kristin Wilson, PrimeWest
Larraine Pierce, DHS Adult Mental Health
Libby Rossett-Brown, DHS Aging and Adult Services
Lisa Engquist, Grant County
Lorna Carriere, Polk County
Maria Ockenfels, DHS Disability Services
Mickey Ellis, DHS Disability Services
Mickey Kyler, Stakeholder
Nancy Nordstrom, Faribault and Martin County
Rochelle Nelson Wodarz, Accra Care
Sandy Feldman, Renville County
Sharon Autio, DHS Adult Mental Health
Sue Kvasager, Douglas County
Susan McGeehan, Medica
Theresa Roebke, St. Louis County
Tom Hannan, DHS Child Foster Care
Tracey Fearon, Health Partners

PCA Basic Training

Amy Nelson, Accurate Home Care
Anne Henry, Disability Law Center
Bridget Siljander, PCA
Brigette Menger-Anderson, Metropolitan Center for Independent Living
Cheryl Steele, UCare
Heidi Vorwerk, MBW Company
Jean Sogard, Metropolitan Health Plan
Jeff Roff, Stakeholder
Jennifer Sackett, Itasca Medical Care
Joelyn Malone, DHS Disability Services
John Smith, Stakeholder
Kim Tyler, Northeastern MN Center for Independent Living
Marge Thurin, Eldercare Rights Alliance
Mickey Ellis, DHS Disability Services
Nancy Mena, Stakeholder
Neil Johnson, MN Home Care Association
Pam Erkel, DHS Disability Services
Pam Stenhjem, PCA
Priscilla Johnson, Stakeholder
Rebecca Slininger, DHS Disability Services
Rochelle Nelson Wodarz, Accra Care
Sheila Grisim, Fraser
Sue Metoxen, Medica
Tom Lamberson, PCA
Vicki Dalle-Molle, Southeastern MN Center for Independent Living

Qualified Professional Requirements

Anne Henry, Disability Law Center
Audrey Fischer, DHS Disability Services
Bobbie Sladek, DHS Health Care
Bridget Menger-Anderson, Metropolitan Center for Independent Living
Danni Bean, DHS Provider Relations
Deb Maruska, DHS Health Care
Diane Benjamin, Washington County
Jay Roesner, Visiting Angels
Jean Sogard, Metropolitan Health Plan
Jeanine Wilson, Hennepin County
Jessica Enneking, Fraser
Jill Kaske, Extended Family Home Care
Josh Holler, Ability Care Partners
Kara Hall, DHS Disability Services
Kathy Kelly, DHS Disability Services
Kim Anderson, DHS Continuing Care Administration
Laura VanLoan, RN, Qualified Professional
Libby Rossett-Brown, DHS Aging and Adult Services
Maria Ockenfels, DHS Disability Services
Mickey Ellis, DHS Disability Services
Sallie Henningsen, Blue Plus
Sarah Murphy, Metropolitan Center for Independent Living
Sheila Grisim, Fraser
Staci Grattan, Grattan Health Care
Terri Getty, MN Home Care
Tracey Fearon, Health Partners
Tracy Bergstedt, fahrenHEIGHT360

Six-month Plan for Completion of Reassessments and Consumer Notices

Anne Henry, Disability Law Center
Amy Rewey, Anoka County
Chris Broeker, Catholic Health
Diane Benjamin, Washington County
Diane Brophy, Hubbard County
Esther Versalles-Hester, UCare
Jean Sogard, Metropolitan Health Plan
Jeanine Wilson, Hennepin County
Jennifer Jaynes, Blue Cross
Jessica Roe, Blue Earth County
Julie Ring, Local Public Health Association of Minnesota
Kathy Landwehr, Sherburne County
Kathy Moline, Blue Plus
Kim Anderson, DHS Continuing Care Administration
Linda Brandt, Cottonwood/Jackson Counties
Liz Auch, Countryside Public Health
Margaret Patterson, Ramsey County
Mickey Ellis, DHS Disability Services
Nancy Jurgensen, Dakota County
Naomi Jones, Minnesota Visiting Nurse Agency
Pam Erkel, DHS Disability Services
Peg Blakely, Leech Lake Band of Ojibwe
Ruth Lumley, Mower County
Sue Nelson, Blue Earth County

Waiver Extended Home Care Services

Anne Henry, Disability Law Center
Christina Samion, DHS Disability Services
Christine Boyer, Blue Cross
Deb Maruska, DHS Health Care
Debra Lee, MN Department of Health
Jean Sogard, Metropolitan Health Plan
Jeanine Wilson, Hennepin County
Libby Rossett-Brown, DHS Aging and Adult Services
Maureen Melgaard-Schneider, PrimeWest
Melody Bialke, Blue Plus
Mickey Ellis, DHS Disability Services
Sally Dunn, Ramsey County
Sarah Keenan, Medica
Sue Kvendru, DHS Health Care

Communication to Physician

This stakeholder group is still forming and has not yet met. Current members include:

Anne Henry, Disability Law Center
Becki Pender, PrimeWest
Dr. Jeff Schiff, DHS Medical Director
Dr. Ken Joslyn, Medica
Dr. Thomas Von Sternberg, Health Partners
Jean Sogard, Metropolitan Health Plan
Jennifer Jaynes, Blue Plus
Kim Anderson, DHS Continuing Care Administration
Mickey Ellis, DHS Disability Services
Pam Erkel, DHS Disability Services

Managed Care Consistency

This stakeholder group is still forming and has not yet met. Current members include:

Anne Henry, Disability Law Center
Amy Rewey, Anoka County
Dawn Sullivan, DHS Disability Services
Deb Maruska, DHS Health Care
Jean Sogard, Metropolitan Health Plan
Kathy Hendrickson, Accra Care
Kathy Kelly, DHS Disability Services Division
Kristin Wilson, PrimeWest
Melody Bialke, Blue Plus
Mickey Ellis, DHS Disability Services Division
Sue Kvendru, DHS Health Care
Susan McGeehan, Medica
Tracey Fearon, Health Partners

B. Personal Care Assistance (PCA) Assessment and Service Plan (DHS-3244) (PDF)

C. PCA Assessment and Service Plan Instructions and Guidelines (DHS-3244A) (PDF)

D. PCA Decision Tree (DHS-4201) (PDF)

E. Authorization for PCA Services (PDF)