



Personal Care Attendant (PCA) Surrogate/AP Assessment

Consumer Name: _____ Consumer DOB: _____

Assessor Name/Title: _____ Date of Assessment: _____

Potential Role of Candidate	
<input type="checkbox"/> Surrogate	<input type="checkbox"/> Administrative Proxy (AP)

Type of Surrogate/AP Assessment	
<input type="checkbox"/> Initial Assessment	<input type="checkbox"/> Requested by EOHHS
<input type="checkbox"/> Annual Reassessment	<input type="checkbox"/> Other (Please describe.)
<input type="checkbox"/> Difficulty Managing Services (<i>Requested by PCM</i>)	

Candidate Name: _____ Candidate DOB: _____

Candidate Phone: _____

Candidate Email: _____

Candidate Home Address: _____

Instructions

This form is called the “Surrogate/Administrative Proxy Assessment to Manage PCA Services,” or the “Surrogate/AP Assessment.” MassHealth requires Personal Care Management (PCM) agencies to complete a Surrogate/AP Assessment for all active Surrogates and Administrative Proxies (APs), plus any individuals who are seeking to serve as a new Surrogate or AP. The Surrogate/AP assessment is used to determine if an individual (described in this form as “Candidate”) has the ability to manage Personal Care attendant (PCA) services on behalf of a PCA Consumer.

For new Surrogates and APs, this assessment must be completed face-to-face within 30 days of the Consumer’s completed Consumer Assessment to Manage PCA Services. For currently active Surrogates and APs, this assessment must be completed face-to-face at least once per year, during the Consumer’s annual skills training visit. The Consumer’s PCM agency may also conduct a Surrogate/AP Assessment *at any time*, if:

- the Surrogate is not managing the PCA program effectively, which could include (but is not limited to):
 - regularly using more PCA hours than MassHealth has authorized;
 - scheduling PCAs to perform tasks that are not authorized by MassHealth;
 - failing to communicate with PCM agency staff; or
 - failing to follow the program rules;
- the AP is not managing the administrative functions of the PCA program effectively; or
- MassHealth asks the PCM agency to conduct a Surrogate/AP Assessment.

1 Review Since Last Assessment

1. Candidate status (please check ONLY one):

- The Candidate is NOT currently serving as a Surrogate/AP for the Consumer, and is receiving an Initial Assessment. **If checked, please skip the remainder of Section 1 and continue to Section 2.**
- The Candidate is currently serving as the Consumer's Surrogate or AP, and is receiving a reassessment.

2. Candidate performance since the last assessment:

Note: N/A should only be used if the Candidate was not responsible for the responsibility listed below.

Since the last assessment, has the Candidate successfully complied with the following responsibilities?	Answer
Utilizing the correct number of PCA hours	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Responding to communications from the PCM agency and/or Fiscal intermediary (FI)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Scheduling a PCA to perform noncovered services (such as while the Consumer was in an inpatient or nursing facility)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Hiring, retaining, terminating, and maintaining a working relationship with PCAs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Completing overtime authorizations, as needed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Completing and submitting timely and accurate activity forms (or "timesheets")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Filling out paperwork correctly and timely, as required by the program	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Utilizing EVV System	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Following other rules of the PCA program	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. For all items marked "No" above, please explain in the space below if additional context is needed. (If answered "no," also describe what steps were taken to address the issue at the time, and whether it is still a current issue.)

Based on the responses in Section 1, the Candidate:

<input type="checkbox"/> DOES have the ability to manage the Consumer's PCA services.	<input type="checkbox"/> DOES NOT have the ability to manage the Consumer's PCA services.
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2 Prior Surrogate/AP Experience

1. Please answer the following questions.

Question	Answer
Is the Candidate currently a Consumer with the MassHealth PCA program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, does the Candidate have a Surrogate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, does the Candidate have an AP?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Question	Answer
Has the Candidate ever been a Surrogate or AP for another MassHealth PCA Consumer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is the Candidate currently serving as a Surrogate or AP for a different MassHealth PCA Consumer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If yes, has the Candidate ever been removed as a Surrogate or AP for failure or inability to manage PCA services on behalf of a Consumer? <i>(If yes, describe below.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

2. Please use the space below for any notes or observations.

Based on the responses in Section 2, the Candidate:	
<input type="checkbox"/> DOES have the ability to manage the Consumer's PCA services.	<input type="checkbox"/> DOES NOT have the ability to manage the Consumer's PCA services.

3 Relationship With Consumer

1. What is the Candidate's relationship to the Consumer?

- Family member
 Partner / significant other
 Friend
 Other (please explain)

Notes

2. How close does the Candidate live to the Consumer? *(Please check ONLY one.)*

- It takes the Candidate **fewer than 30 minutes** to get from their home to the Consumer's home.
 It takes the Candidate **30 minutes – 1 hour** to get from their home to the Consumer's home.
 It takes the Candidate **more than 1 hour** to get from their home to the Consumer's home

3. How frequently does the Candidate visit the Consumer in person? *(Please check ONLY one.)*

- At least **once per day**
 At least **once per week**
 At least **once per month**
 At least **once per year**
 Other (please explain below)

4. How does the Candidate usually communicate with the Consumer?

- Face-to-face
 Telephone
 Email
 Other (please explain below)
-

5. Can the Candidate clearly describe the Consumer's personal care needs?

- Yes
 No
 N/A

6. Please use the space below for any notes or observations.**Based on the responses in Section 3, the Candidate:**

<input type="checkbox"/> DOES have the ability to manage the Consumer's PCA services.	<input type="checkbox"/> DOES NOT have the ability to manage the Consumer's PCA services.
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4 PCA Program Knowledge and Experience**1. Please answer the following questions.**

Question	Answer
Can the Candidate clearly describe the PCA program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Candidate understand that Surrogate or AP roles are not paid positions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Candidate understand that they cannot work as the Consumer's PCA while serving as that Consumer's Surrogate or AP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Candidate able to hire, fire, and manage employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please indicate whether the Candidate is able to describe how they would respond to the following scenarios.

Note: Please check "Yes" if the Candidate's response is satisfactory; check "No" if the Candidate's response is not satisfactory.

Scenario	Satisfactory?
A PCA has been hard to get in touch with and has shown up late 3 times in the last week.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The Consumer must terminate a PCA's employment due to poor performance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The PCA needs to request medical leave.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
The PCA refuses to use EVV.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

3. Willingness to learn:

Question	Answer
Is the Candidate willing to learn the management of the Consumer's personal care needs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

4. Please describe in the space below all items marked "No" in the questions above, if additional context is needed. Please also include any additional notes or observations.

Based on the responses in Section 4, the Candidate:

<input type="checkbox"/> DOES have the ability to manage the Consumer's PCA services.	<input type="checkbox"/> DOES NOT have the ability to manage the Consumer's PCA services.
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5 Finances

1. Please answer the following questions.

Question	Answer
Can the Candidate clearly describe how they manage their own finances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the candidate able to manage their finances independently?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the Candidate have a rep payee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please describe in the space below all items marked "No" in the question above, if additional context is needed. Please also include any additional notes or observations.

Based on the responses in Section 5, the Candidate:

<input type="checkbox"/> DOES have the ability to manage the Consumer's PCA services.	<input type="checkbox"/> DOES NOT have the ability to manage the Consumer's PCA services.
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Candidate Attestation and Signature

By signing below, I agree to the following:

1. If I become the Consumer's **Surrogate**, I agree to attend the following sessions in-person:
 - a. All Intake and Orientation sessions
 - b. An Initial Evaluation for PCA services (if the Consumer is new to the PCA program)
 - c. All annual Reevaluations and annual Functional Skills Training visits
 - d. All Quarterly Functional Skills Training the first year, and Yearly Functional Skills Training thereafter
 - e. All meetings regarding the management of the Consumer's PCA services, and as requested by MassHealth, the Personal Care Management (PCM) agency, and/or the Fiscal Intermediary (FI)

2. If I become the Consumer's **Administrative Proxy (AP)**, I agree to attend the following sessions in-person:
 - a. All Intake and Orientation sessions related to administrative tasks;
 - b. All Functional Skills Training sessions related to administrative tasks; and
 - c. All meetings as needed to support the administrative tasks of the Consumer's PCA services, and as requested by MassHealth, the Personal Care Management (PCM) agency, and/or the Fiscal Intermediary (FI).

3. I can and will be present during all of the above in-person sessions. I will respond to all requests from MassHealth, the PCM agency, and the FI. If my contact information changes, I will update my information with the PCM agency immediately.

4. I understand that MassHealth will not pay me for my services as a Surrogate or AP. I also understand that I cannot be paid as the Consumer's PCA while I am serving as the Surrogate or AP.
5. The PCM agency has the right to deny my request to become a Surrogate or AP. The Consumer's Personal Care Management (PCM) agency has the right to terminate my role as a Surrogate or AP if I am not fulfilling my responsibilities.
6. The information I have provided in this assessment is true to the best of my knowledge, and I agree to follow all of the rules of the PCA program if I am selected as the Consumer's Surrogate or AP.

Signature of Surrogate/AP Candidate_____
Printed Name_____
Date

Results of Assessment

Candidate **DOES** have the ability to manage the Consumer's PCA servicesCandidate **DOES NOT** have the ability to manage the Consumer's PCA services

Additional notes from Assessor:

Assessor Attestation:

By signing below, I attest that I have assessed the Candidate's ability to manage the PCA program.

Signature of Assessor_____
Printed Name and Title_____
Date