

GUIDELINES FOR DETERMINING UNITS OF PERSONAL ASSISTANCE

1. The determination of the units of Personal Assistance which may be approved is to be based on an individualized assessment of the needs of the service recipient. These guidelines do not specify absolute limits but provide guidance to plans reviewers for reviewing requests for Personal Assistance. Exceptional needs requests for Personal Assistance units that exceed these guidelines must be approved by the DMRS Central Office.

The assessment of the availability of uncompensated care will include a review of the caregiver's availability and will take into consideration the caregiver's work-related needs, sleep-related needs, other caregiving responsibilities, caregiver limitations, and personal needs of the caregiver, in accordance with the following.

- a. **Assessment of Work-Related Needs:** Work-Related Needs would be the number of units of Personal Assistance is needed during those hours when:

- (1) The primary caregiver must work either outside the home or as a paid Personal Assistant in the home; and
- (2) There is not another unpaid caregiver who would be available in the home and capable of providing needed Personal Assistance services when the primary caregiver is working.

Work-Related Needs for the primary caregiver who must work outside the home is limited to the number of hours routinely worked at the job plus a reasonable allowance for commuting time.

Work-Related Needs for a primary caregiver who works as a paid Personal Assistant in the home, in lieu of outside employment, is limited to the number of hours routinely worked with no commuting time included. (Personal Assistance providers must comply with applicable labor laws such as overtime pay).

- b. **Assessment of Sleep-Related Needs:** Sleep-Related Needs would be the number of units of Personal Assistance needed during the time period while caregivers in the house are typically sleeping and.

- (1) The service recipient requires hands-on assistance with activities of daily living or behavioral supervision/intervention multiple times throughout the night while caregivers residing in the house are sleeping; and
- (2) The service recipient's needs are such that they can not, for practical purposes, be met by intermittent or occasional services provided by the caregivers residing in the house when awakened by the service recipient.

NOTE: Except on an *exceptional basis*, if the service recipient typically sleeps through the night or does not require hands-on assistance with activities of daily living or behavioral intervention multiple times throughout the night, and if the service recipient's needs can be met by intermittent or occasional services provided by the caregivers residing in the house when awakened by the service recipient, Personal Assistance will not be authorized as medically necessary during the night. When there is justification that Personal Assistance is needed by the service recipient during the night while caregivers are sleeping, Personal Assistance for Sleep-Related Needs may be authorized during those hours when the caregiver is typically sleeping.

- c. **Assessment of Other Caregiving Responsibilities:** Other Caregiving Responsibilities would be the number of units of Personal Assistance needed during the time period when the caregiver is unavailable to meet the service recipient's Personal Assistance needs due to caregiving responsibilities involving other individuals in the household (e.g., a parent with Alzheimer's; a medically fragile child; a terminally ill parent; individuals with other disabilities; multiple pre-school children in household).

The following information must be provided about each of the other individuals for whom the caregiver provides care:

- (1) The age of the individual;
- (2) The relationship of the individual to the caregiver (e.g., mother, child, father-in-law); and
- (3) The individual's diagnosis, medical condition, or disability for which caregiver services are provided.

- d. **Assessment of Caregiver Limitations:** Caregiver Limitations would be the number of units of Personal Assistance needed during the time period when (1) the caregiver is available but is incapable (either physically or mentally) of meeting the service recipient's Personal Assistance needs or can not appropriately meet the service recipient's Personal Assistance needs and (2) when there is not another unpaid caregiver who would be available in the home and capable of providing needed Personal Assistance services.

Caregiver Limitations will be reviewed on a case by case basis and will be limited to that time period for which there is justification that hands-on assistance with activities of daily living or behavioral supervision/intervention is needed (excluding Work-Related Needs, Sleep-Related Needs, and Other Caregiving Responsibilities which are addressed above) but can not be provided by the caregiver.

Documentation must be submitted to justify why the caregiver can not meet the service recipient's needs and the time period during which those needs can not be met, in accordance with the following:

- (1) If the caregiver is incapable of meeting the service recipient's needs, there must be documentation to justify:
 - (a) The specific service the caregiver is incapable of providing; and
 - (b) The reason why the caregiver is incapable of providing the service.
- (2) If the caregiver is capable of providing needed services but it is not appropriate to do so, there must be documentation to justify:
 - (a) The specific service the caregiver can not appropriately provide; and
 - (b) The reason why the caregiver can not appropriately provide the service (e.g., the father is the primary caregiver for an adult daughter who needs assistance with bathing, menstrual hygiene, incontinence care).

- e. **Assessment of Caregiver Personal Needs:** Caregiver Personal Needs is up to 8 hours (32 units) per week to provide the caregiver time to attend to personal issues (e.g., shopping, banking, running errands) during hours when there is not another unpaid caregiver who would be available in the home and capable of providing needed Personal Assistance services.

CALCULATION OF PERSONAL ASSISTANCE UNITS PER WEEK

of Units of Service

_____	Work-Related Needs (if applicable)
+ _____	Sleep-Related Needs (if applicable)
+ _____	Other Caregiving Responsibilities (if applicable)
+ _____	Caregiver Limitations (if applicable)
+ _____	Caregiver Personal Needs
_____	TOTAL PERSONAL ASSISTANCE UNITS PER WEEK