DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS

PERSONAL CARE AIDE/ADVANCED PERSONAL CARE AIDE ASSESSMENT

NAME (Enter the full name of the participant)	DCN (Enter the participant's DCN)	DOB (Enter Date of Birth)

PRINCIPAL DIAGNOSIS (Enter the primary diagnosis for which the participant/family is requesting personal care/advanced personal care services)

PERSONAL CARE TASKS	1st Visit ✓	2nd Visit ✓	COMMENTS
DRESSING			
Independent (Requires no assistance, able to complete task alone)			
Assistance Required (Requires help of caregiver to complete task)			
Total Assistance (Requires caregiver to complete entire task)			
GROOMING			
Independent			
Assistance Required			
Total Assistance			
BED MOBILITY			
Independent			
Assistance Required			
Total Assistance			
TOILETING			
Independent			
Assistance Required			
Total Assistance			
BATHING			
Independent			
Assistance Required			
Total Assistance			
EATING (Indicate if meal preparation is required)			
Independent			
Assistance Required			
Total Assistance			
Meal Preparation Required			
AMBULATING (Indicate if assistance is required by 1 or 2 persons)			
Independent			
Independent with device			
Aid of one person			
Aid of two people			
Non-ambulatory			
TRANSFERRING			
Independent			
Aid of one person			
Aid of two people			
Mechanical device required			
Bedbound			

PERSONAL CARE TASKS (CONTINUED)	1st Visit ✓	2nd Visit ✓	COMMENTS
HOUSEKEEPING (Indicate tasks that the PCA will be performing)			
Clean living area			
Laundry			

ADVANCED PERSONAL CARE TASKS	1st Visit ✓	2nd Visit ✓	COMMENTS
Indicate the need for any of the tasks in the Advanced Personal Care category. Only APCs who are trained by their employer in these areas may complete these tasks. A PCA is NOT authorized to complete any of the tasks listed in this section. The APC task is authorized to complete any of the tasks listed in this section. The APC task is authorized only for the amount of time required to complete these tasks. Example: If there is an APC task needed and it takes 30 minutes to complete and the remainder of the 8 hour shift could be completed by a PCA, then ½ APC hours and 7 ½ PCA hours shall be authorized. Monthly Registered Nurse visits are required when APC Units are Authorized.			
Catheter Care			
External			
Indwelling			
Suprapubic			
Remove External Catheters			
Ostomy Care (Well-healed stoma only)			
Tracheostomy			
Gastrostomy			
Colostomy			
Administer Bowel Program			
Apply Medicated Lotion/Ointments			
Use Lift for Transfer			
Manually Assist with Oral Medications*			
Provide Passive Range of Motion			
Apply Non-Sterile Dressings**			
*Medication must be set up by LPN/RN **Superficial skin breaks or abrasions only			

COMMENTS

SERVICE AND HOURS/UNITS Authorized – First Visit

SERVICE COORDINATOR SIGNATURE – First Visit	DATE

SERVICE AND HOURS/UNITS Authorized – Second Visit

SERVICE COORDINATOR SIGNATURE – Second Visit	DATE