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PERSONAL CARE ASSESSMENT FORM (PCAF) 
AGES 4-20 and 0-3 
USER’S MANUAL©:

ITEM-BY-ITEM INSTRUCTIONS FOR COMPLETING 
PCAF ASSESSMENTS

Prepared for: 
Texas Health & Human Services Commission

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The PCAFs© are composed, in part, of revised items from the Minimum Data Set 2.0 (MDS 2.0©), the Pediatric Uniform Needs Assessment Instrument (PedUNAI), the Minimum Data Set for Home Care (MDS-HC©), and items specially developed by the project team for the PCAF assessment instruments. Both the MDS© and MDS-HC© were developed by members of interRAI, a nonprofit organization composed of health care researchers and health care professionals involved in care and research concerning the physically or mentally challenged in more than 30 countries in North America, Western, Northern and Central Europe, the Middle East, and the Pacific Rim. Any items from interRAI assessment forms are used with the express permission of interRAI. Information about this organization can be obtained from www.interRAI.org.

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CONTACT INFORMATION

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WHO SHOULD YOU CONTACT: The only questions the development team can address relate to the proper completion of the PCAFs (e.g., how to code something; clarification of definitions; questions about data transmission). For these types of questions, you should contact Emily Naiser, who will be responsible for getting the answer you need and responding to you. In addition to answering questions, she will send out any needed clarifications to the DSHS in Austin for distribution.

All questions about the provision of services, Medicaid rules, or departmental policy must be addressed by your immediate supervisor.
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Chapter 1: Changes to the PCAF 4-20

Section AA: Client/Case Manager Information

Assessment Date and Age:

\textit{Change}: Minor changes in location of items.

\textit{Intent}: Allows for age to be calculated on fillable PDF.

Client/Parent/Guardian Acknowledgement:

\textit{Change}: Some changes in the wording of the acknowledgement.

\textit{Intent}: To reflect legal changes requested.
Section C: Diagnoses and Health Conditions

C.1 Medical Diagnoses:

Changes:
C.1.r – addition of “any paralysis”
C.1.u – addition of “scoliosis”

Intent: To make the PCAF more convenient by adding in diseases commonly written in “other fields”

Definitions: r. Paraplegia/tetraplegia/quadruplegia/any paralysis – includes paralysis (impairment of active motion) of any part of the body, either temporary or permanent.

u. Spina Bifida, scoliosis, or other spinal cord dysfunction - Includes any congenital defect involving insufficient closure of the spine or curvature of the spine whether it be congenital, idiopathic or neuromuscular.

Coding: 0 = No
        1 = Yes, condition active and diagnosed

C.4 Psychiatric, Developmental or Behavioral Diagnoses

Change:
C.4.d – addition of “developmental delay”

Intent: To make the PCAF more convenient by adding in diseases commonly written in “other fields”. Also “DD” for developmental disability was removed from C.4.g to avoid confusion between the two terms.

C.5 Health Conditions/Problems

Changes:
C.5.a – addition of “Allergies”
C.5.f – addition of “Hearing Problems/Deafness”
C.5.l – addition of “Speech Problems”
C.5.m – addition of “Vision Problems/Blindness”

**Intent:**
To make the PCAF more convenient by adding in diseases commonly written in “other fields”

**Definitions:**

- **a. Allergies** – any allergies, whether it be environmental, food, etc.
- **f. Hearing Problems/Deafness** - any loss/lack of hearing
- **l. Speech problems**
- **m. Vision Problems/Blindness** – and loss/lack of vision

**Coding:**

- 0 = No
- 1 = Yes, current active
Section J: Licensed/Professional Nursing Needs

J.1 Care Activities Needed or Provided During Last 7 Days that May Require Nursing Care

Change: J.1.h – addition of “Nebulizer care”

Intent: To make the PCAF more convenient by adding in care items commonly written in “other fields”

Definition: h. Nebulizer care – any administration assistance or supervision when client is using nebulizer

Coding: 0 = Not needed
1 = Needed and provided
2 = Needed but not provided
Section K: Treatments and Therapies

K.1 Treatments or Therapies Received or Needed in Last 30 days

Change: K.1.i – addition of “Vision therapy”

Intent: To make the PCAF more convenient by adding in therapies commonly written in “other fields”

Coding: 0 = Not needed
1 = Needed and provided
2 = Needed but not provided
Section L: Continence

L.1 Bladder and Bowel Programs and Appliances in Last 7 days

Change: L.1.e – addition of “diapers/pull-ups”

Intent: To make the PCAF more convenient by adding in devices commonly written in “other fields”

Coding: 0 = Not needed
         1 = Appliance is available and adequate
         2 = New or different appliances may be needed because of condition or problem
Section M: Physical Function

M.6  For Safety of Self or Others, Client Needs Special Assistance (Cueing/Redirection) During ADLs or IADLs due to a Behavioral Health Problem/Cognition

*Change:* Changes in wording

*Intent:* Changes made to better reflect eligibility for enhanced rate

*Coding:* 0 = No
            1 = Yes

M.8  Use of and Need for Assistive Devices to Maximize/Support Functioning

*Change:* M.8.h – addition of “Nebulizer”

*Intent:* To make the PCAF more convenient by adding in equipment commonly written in “other fields”

*Coding:* 0 = Not needed
            1 = Assistive device is available and adequate
            2 = Referral to assess for unmet DME needs
O.4 Enhanced Rate Eligibility

**Change:** Expanded to include more information about eligibility qualifications

**Intent:** To better clarify whether or not client is eligible for enhanced rate

**Definitions:**

a. **Client has a behavioral health condition (C.6 = 2 or 3)** - Client has a diagnosed behavioral health condition, noted by a “1” (Yes) for any question in C.4 and leading to either a “2” (Psychiatric/Developmental/Behavioral) or a “3” (Both) code in question C.6

b. **An M.1 item is greater than 1 and less than 8 where the same ADL is 1 on M.2 OR a M.3 item is greater than 1 and less than 8 where the same IADL is 1 on M.4** - A client qualifies for enhanced rate if:
   - The client needs cueing/redirection, limited assistance, extensive assistance or is totally dependent on others for completion of an ADL or IADL. This is noted by a score of 2-5 on any item in M.1 or M.3.
   - The client’s condition affects the performance of the above task. This is noted by a score of 1 on the item in question M.2 if it is an IADL or M.4 if it is an ADL.

c. **Special assistance needed (M.6=1)** – noted by a “1” (Yes) in question M.6

d. **Client is eligible for enhanced rate; Record which option: “1”=UA; “2” = UB.** – If client has answered all of the above questions as yes, they are eligible for the enhanced rate. Choose UA if client chooses the agency option or UB if client chooses the CDS option

**Process:** This section consists of four questions, three to determine if client is eligible for enhanced rate and one to determine what type of option the client prefers if they are eligible. The questions are organized as part of decision-making process, so it’s necessary to start with question O.4.a. After coding each question, there will be two options. If the answer is “0” (No), skip the remaining items in O.4 and proceed to O.5. If the answer is “1” (Yes), proceed to the next item in O.4.
For O.4.b specifically, it will be necessary to reference page 8 of the PCAF. To mark “1” in O.4.b the client must have at least one IADL or ADL where a code between “2” and “5” was assigned in the first “help” column (M.1 for IADLs, M.3 ADLs) and there is a “1” in the second “effect” column (M.2 for IADLs, M.4 for ADLs). If a child is assigned “2” through “5” on the first column but has a “0” in the second, that ADL or IADL by itself will not be sufficient to assign the enhanced rate.

*Coding:*  
0 = No  
1 = Yes
Chapter 2: Changes to the PCAF 0-3

Section AA: Client/Case Manager Information

Assessment Date and Age:

Change: Minor changes in location of items.

Intent: Allows for age to be calculated on fillable PDF.

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l. **Speech problems**

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J.1  Care Activities Needed or Provided During Last 7 Days that May Require Nursing Care

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Definition:  h. Nebulizer care – any administration assistance or supervision when client is using nebulizer

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K.1  Treatments or Therapies Received or Needed in Last 30 days

Change:  K.1.i – addition of “Vision therapy”

Intent:  To make the PCAF more convenient by adding in therapies commonly written in “other fields”

Coding:  0 = Not needed
          1 = Needed and provided
          2 = Needed but not provided
Section M: Physical Function

M.1 Instrumental Activities of Daily Living

*Change:* Change in order of items

*Intent:* Increase consistency between versions of assessment

M.5 For Safety of Self or Others, Client Needs Special Assistance (Cueing/Redirection) During ADLs or IADLs due to a Behavioral Health Problem/Cognition

*Change:* Changes in wording

*Intent:* Changes made to better reflect eligibility for enhanced rate

*Coding:* 0 = No  
1 = Yes

M.6 Use of and Need for Assistive Devices to Maximize/Support Functioning

*Change:* M.6.h – addition of “Nebulizer”

*Intent:* To make the PCAF more convenient by adding in equipment commonly written in “other fields”

*Coding:* 0 = Not needed  
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Section O: Strengths and Needs

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Definitions:

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b. An M.1 item is equal to 1 or and M.2 items is equal to 1. - A client qualifies for enhanced rate if the client’s condition affects the performance of the above task.

c. Special assistance needed (M.5=1) – noted by a “1” (Yes) in question M.6

d. Client is eligible for enhanced rate; Record which option: “1”=UA; “2” = UB. – If client has answered all of the above questions as yes, they are eligible for the enhanced rate. Choose UA is client chooses the agency option or UB if client chooses the CDS option

Process: This section consists of five questions, four to determine if client is eligible for enhanced rate and one to determine what type of option the client prefers if they are eligible. The questions are organized as part of decision-making process, so it’s necessary to start with question O.4.a. After coding each question, there will be two options. If the answer is “0” (No), skip the remaining items in O.4 and proceed to Q.5. If the answer is “1” (Yes), proceed to the next item in O.4.

Coding: 0 = No
1 = Yes