

**Minnesota's Consumer Directed
Personal Assistance Services Grant
Final Overview
November 2005**

Background of project

In 2002, the Minnesota Department of Human Services was awarded a three-year \$900,000 federal Systems Change grant from the Centers for Medicare and Medicaid Services to focus on Consumer Directed Personal Assistance Services and Supports (CD-PASS). Minnesota's stated goals were to:

- 1) Increase the use of consumer directed options for personal assistance services (in Minnesota called "personal care assistance" or PCA services)
- 2) Increase the availability of personal care workers
- 3) Develop consumer-tested training materials that can be shared on the Internet

The major initiative undertaken with this grant was the development of a new type of personal care assistance agency. With input from numerous stakeholders, Minnesota pilot tested the formation of Consumer Initiated Partnership and Support (CIPS) networks. This concept would create PCA Choice (Minnesota's consumer directed PCA option) agencies, which would form cooperative groups of consumers working together in networks to find personal care assistant staff, as well as provide support to each other. DHS, in a competitive Request For Proposals process, awarded grants to the following four organizations to develop these CIPS networks.

Center for Independent Living of Northeastern Minnesota (Hibbing)

CILNM promotes independent living for persons with disabilities in the eight county Arrowhead Region.

People Enhancing People (West St. Paul)

PEP was founded to stimulate the pool of quality PCAs and to empower self-directing consumers. This organization is led by two people with significant disabilities who are themselves PCA consumers.

Home Advantage Health Care Services, Inc. (St. Paul)

HAHS provides a wide range of home care services to diverse groups of people focusing on under served communities. They partnered in this project with the

Center for African Health and Development, a community based organization dedicated to the healthcare needs of African immigrants and refugees.

Vietnamese Minnesotans Association (St. Paul)

VMA was founded to promote the self-sufficiency and well-being of Southeast Asian refugees and Minnesotans. They are the first Vietnamese provider of PCA services in Minnesota.

These organizations received \$100,000 over two years to establish the CIPS networks, which were expected to:

- Increase the number of high quality personal care assistants
- Increase networking and support opportunities for people with disabilities
- Achieve greater flexibility and utilization of personal care service hours
- Build sustainable consumer directed services and support models that could be replicated
- Increase services to consumers from traditionally under represented populations

Project outcomes and activities

CIPS Agency Outcomes:

- They served a total of 116 consumers - 58 being new to the PCA program and the remaining new to consumer directed services. Approximately one third of these consumers were people of color, thus achieving one of the grant goals of increasing consumer directed services particularly to underrepresented populations.
- These agencies employed a total of 189 PCAs - one third of whom had never worked as PCAs before. This also achieved one of the grant goals to increase the number of personal care assistance staff.
- All CIPS agencies developed PCA registries that were made available to consumers, either online or by hardcopy. These registries provided consumers with a backup plan option. The agencies recruited more individuals interested in becoming PCA workers.
- CIPS agencies assisted with the development of the PCA Consumer Guidebook (discussed below) and development of materials that can serve as models for other PCA Choice providers.
- CIPS agencies' starting wage for PCAs was between \$10- \$11 an hour, with consumers playing the major role in determining that hourly rate. This is considered on the high end of Minnesota's PCA hourly rate.

- The CILNM had the greatest success with recruiting consumers. This would support that there are currently a limited number of PCA Choice providers in Greater Minnesota and the need exists to further develop this concept outside of Twin Cities metropolitan area.

Grant staff, working in conjunction with other DHS staff, achieved the following:

PCA Statute change--Successfully implementing a statute change to allow the "shared care" option to be available to consumers in PCA Choice (Minnesota's consumer directed option). This option allows up to three consumers to share a PCA if they are in the same place at the same time. This can decrease the need for multiple PCAs and increase the availability of PCA services. Previously this option was not available to consumers participating in PCA Choice.

Managed-Care Policy Change—In 2003 DHS issued a bulletin specifying that the PCA Choice option had to be made available to consumers in managed-care plans. Any network who did not have contracts with PCA Choice was required to do so.

PCA Consumer Guidebook—In 2004, grant and DHS staff collaborated on the development of a comprehensive PCA Consumer Guidebook. This 78-page book is available on-line at

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_027532.hcsp

or in hardcopy. It contains information about program eligibility, covered services, program policies and guidelines, frequently asked questions and available options. It is particularly focused on providing information about consumer directed options. It contains specific products that can be used for consumers choosing to direct their own services, like applications, sample job descriptions, schedules of tasks and sample agreements. It has been widely distributed to more than 15,000 PCA consumers, counties and providers, as well as numerous stakeholders. It was completed in June 2004, updated and reprinted in September 2005. It has been translated into Somali and Vietnamese languages and will soon to be available in Hmong. It is available online at:

- English: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3858-ENG>
- Somali: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3858-SOM>
- Vietnamese: <http://edocs.dhs.state.mn.us/lfserver/Legacy/DHS-3858-VIE>

PCA Consumer Survey

In 2003, as part of a quality assurance plan for the PCA program, a statewide telephone survey of a random sample of consumers was administered. This survey was the first of its kind in Minnesota to look at quality of care, satisfaction levels, PCA turnover, consumer direction, PCA in the workplace and many other issues from a consumer perspective. Over one-third of survey respondents reported they participated in the consumer directed options as compared to only 2% in August 2001 when the CD-PASS grant was written. This documents a substantial growth in consumer directed PCA services during the grant period.

Additionally, the PCA Consumer Survey data has and continues to be used to identify trends and issues, inform policy and structure quality assurance measures in the PCA program. The survey identified low wages, which in turn leads to high turnover rates for PCA workers as a significant issue for the PCA program. It also documented overall satisfaction with the program, staff and agencies. It showed consumers are participating in hiring and scheduling their own PCAs and want to do so. Results have been sent to more than 6000 program participants, as well as providers, counties and other key stakeholders. PCA survey results are available online at

http://www.dhs.state.mn.us/main/groups/disabilities/documents/pub/DHS_id_003516.hcsp

Training for providers

DHS staff organized and provided training for CIPS providers on a quarterly basis. Topics covered included: consumer rights and responsibilities, guidelines for home care coverage, the process for authorization of services, eligibility verification, billing and remittance procedures, HIPPA compliance, fiscal intermediary responsibilities, marketing plans, the PCA consumer survey results and consumer direction. The materials developed, as well as the topics covered, can serve as a model for future provider training.

PCA Connect

Grant funds were used in the development of a statewide Web site that will connect PCA workers and consumers seeking PCAs. It will allow consumers to seek out potential PCAs using a variety of search criterion like by geographic location, skill set and/or language preference. While the Web site has been developed, implementation has been delayed pending moving the site to a permanent Web site location.

Training videos

Three training videos have been developed that are designed to improve the quality and integrity of services in the PCA program. The first video entitled "How to Work with an Interpreter" offers suggestions in situations where an American Sign Language (ASL) or other second language interpreter is needed. It depicts a county public health nurse conducting a PCA assessment using both an ASL and Spanish interpreter. The video outlines how to find an interpreter, how to contact an interpreter, and tips and guidelines for how to work with an interpreter in a variety of settings. Two additional videos entitled "A Full PCA Assessment" and "PCA Assessment: A Step-by-step Process" are designed to improve the consistency and quality of the PCA assessment process. All videos will be used as classroom training tools and formatted for future Web-based training modules.