

# Personal Care Assistance Tool

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Occupational Therapists of Health Care Services

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# Overview

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# Case Manager verses PCA Administrator Contact

The case manager is the claimant's primary contact at Manitoba Public Insurance. Any questions that arise regarding their entitlements, should be directed back to the case manager.

Should there be a delay in either meeting with the claimant or they are not compliant with the assessment, you must notify the case manager immediately and cc the PCA administrators so they may take action.



# Contacts

If you require assistance with an assessment situation or how to include particular information in your report, or you are having difficulty uploading your report to the portal, feel free to email:

**Janet Kumka HCS OT**

[jkumka@mpi.mb.ca](mailto:jkumka@mpi.mb.ca)

If you want to confirm that a report has been received you can send me an email and I will confirm same for you as well.



# Turnaround Times and Service Standards

Once the PCA administrator contacts you to complete a PCA assessment, you must confirm acceptance within 24 hours.

Once confirmed, the OT completes Schedule A and returns it to Manitoba Public Insurance within 3 business days.

A service standard of 5 business days is expected for the completion of the assessment and 3-5 business days for the completion of the PCA report unless otherwise specified.



# Assessment Expectations During Pandemic Times ~Covid 19~

It is MPI's preference that all PCA assessments are completed in person in the home environment. The majority of private practice OTs have access to Personal Protective Equipment (PPE) and are familiar with PPE assessments. If an OT has health or safety concerns about completing an in-person assessment due to COVID-19, they should contact the case manager and the PCA Administrator immediately. The cases where there are health or safety concerns are reviewed on a case-by-case basis in order to determine if the assessment can be delayed or other accommodations can be made.

The College of Occupational Therapists of Manitoba (COTM) continues to require occupational therapists to follow the Public Health orders and apply them using their professional knowledge and judgment to determine how the orders apply to their own practice. COTM expects its members to apply the orders to their own practice context and to be accountable for how that is done.



# Eligibility Criteria

- The requirement for Personal Care Assistance (PCA) must arise as a direct result of injuries that the claimant sustained as a result of a compensable MVC as defined by Part 2 of the MPIC Act.
- The claimant must be the only beneficiary of Personal Care Assistance services (family volumes are not considered here).
- The claimant must have been capable of performing the activity for which PCA is being claimed prior to the accident and be eligible for funding based upon their chronological age.
- Services for which compensation is claimed are not already covered or provided by other social and/or health services agencies (i.e., Veterans Affairs, Worker's Compensation Board).
- Compensation is provided only for activities listed in the PCA Assessment Tool.





# Developmental Scale

## Used to assess minors <16 years of age

- Used in conjunction with the Functional Report to determine eligible personal care activities for children of various ages
- Identifies the age when a normal child should be able to perform activities on the PCA Assessment Tool
- Can be used as a point of reference when required to complete a dependent care assessment, when the claimant is identified as a caregiver.



# Developmental Scale

Level 2 Activities – Mobility and Self-Care	
10. Transfers: Bed Mobility	2 ½ +
11. Transfers: Vehicle	2 ½ +
12. Transfers: Two Person or Hoyer Lift	N/A
13. Home Access	9 +
14. Stair Use	1 ½ +
15. Outdoor Home Access	2 ½ +
16. Eating/Drinking	3 +
17. Grooming/Hygiene	4 +
18. Dressing/Undressing	5 +
19. Orthotic/Prosthetics	5 +
20. Bathing/Showering	4 +
21. Toileting	2 ½ +



# Guiding Principles of the PCA Assessment

- The PCA assessment is a functional assessment based on demonstrated activities, that the claimant must be encouraged to participate as able.
- Assessments are to be conducted in the claimant's residential environment unless special circumstances are identified and pre-approved by the case manager.
- Only the specific needs of the claimant alone are the basis of the assessment. Family volumes are not to be considered as part of the assessment.



# Guiding Principles of the PCA Assessment

- When reviewing the relevant PCA activities, keep in mind areas that may create duplication.
- Examples:
  - Basement stairs
  - Laundry
  - Banking
  - Community outings
  - Bowel and bladder/toileting
- Simply state: “Already captured under...”



# Guiding Principles of the PCA Assessment

Independence is evaluated based on the claimant's level of function that is objectively determined with consideration of recovery guidelines. This should also consider modifications and assistive devices used in order to facilitate independence with PCA activities.

Keep in mind that the claimant's perspective of independence may differ from the medical rehabilitative approach (i.e., the past vs. the present way of doing things). This is where education becomes a key part of the assessment process.



# Guiding Principles of the PCA Assessment

As assessors, it is expected that you recommend equipment that will facilitate independence.

- Expectations are that you also provide education on guiding principles of pacing in order for the claimant to successfully manage pain symptoms and facilitate functional recovery.

Example: hurt vs. harm principles, energy conservation, grading of tasks, task modification, relaxation strategies, etc.



# Guiding Principles of the PCA Assessment

Be aware PCA is for claimant specific needs alone and does not include other family members or pets residing within the home.

Keep this in mind when addressing areas of home and community management.

Example: Bulk shopping, meal preparations, laundry volumes

**Supervision:** Needs to be well defined and very specific for care needs over and above PCA activities; cannot be considered for presumptive needs; i.e. in case of falls/fire



# Submission of PCA Reports

In order to comply with PHIPPA and PHIA regulations, it is required that all PCA reports are to be submitted via the designated Manitoba Public Insurance PCA website:

<https://apps.mpi.mb.ca/pca/pca.aspx>

**If you are required to make an amendment to a previously submitted report, do not revise and re-submit the previous report.**

Rather, you are required to complete a “PCA Amendment.” Specify the report date for which this applies and submit your narrative Word document on company letterhead to the above link.






# PCA Portal Submissions

<https://apps.mpi.mb.ca/pca/pca.aspx>

To **submit** your PCA Assessment or Child/Dependent Care Assistance to Health Care Services, complete the following Submission Box:

YOUR EMAIL ADDRESS

REPORT TYPE

PCA Assessment Tool 

PCA ASSESSMENT OR  
CHILD/DEPENDENT CARE DOCUMENT

Browse...

☐ I'm not a robot

  
reCAPTCHA  
[Privacy](#) • [Terms](#)

SUBMIT

If an error occurs while submitting your report, please take a screenshot of the error and send to [Janet Kumka](#).

PCA Assessment Tool

DCA Report

Schedule A- PCA and DCA assessments

Schedule A- PCA Assessment tool only

Schedule A- DCA Assessment only

- Make sure the file name doesn't contain any of the following characters: # & " ? ! < > { } % ~ / \ \* ' .



# Reporting

- Ensure the claimant name, claim number and assessment date is accurate.
- Ensure all reporting is kept current and is reported at the top of the information documented; remove stale dated medical and accident information on reassessments as this information can be viewed as misleading.
- Refrain from “cut & paste” as this leads to inaccuracy of information reported.
- If the claimant presents with a new medical concern, please reference this in the report and advise the Case Manager ASAP.



# Reporting

- If the claimant is requesting consideration of retrospective care needs prior to the assessment date, this must be reviewed and approved by the case manager prior to the submission of the report.
- Avoid comments on required assistance within the Recommendation section of the report, as this reflects that you are providing an opinion on a score that may differ from the determined score.
- Avoid summary statements such as “needs assistance with all personal care activities” as this is often not the case and can mislead the claimant.



# Reporting

- Use quantifiable measures in your reporting, and refrain from generalized statements such as “limited” or “reduced ROM” unless followed by objective measures.
- When providing Range Of Motion (ROM), Manual Muscle Testing (MMT) or balance measures to establish a baseline, please also include normative values for comparison. Review for consistency or change from objective findings from previous reporting and comment on same.



# Reporting

- If an activity is deemed as N/A, do not provide comments that assistance is required within the subcategories as this leads to ambiguity which requires further clarification prior to finalizing the score.
- If N/A task was not completed pre-MVC, who completed the task for the claimant (family member, VA, HC, etc.)
- Once determined that the claimant had third party services in place prior, specify in detail what services were being provided, the frequency, and tasks in relation to which physical or cognitive limitation is identified.
- **Note:** If an increase in care is required, you need to specify which care need is related to the MVC injury/limitation.



# Reporting

- If changes in function, or a decline, are evident upon re-assessment, which were not identified on the previous assessment /s or have not been linked to a specific cause related to the MVC (i.e., surgery):
  - Indicate what the change is, be specific, and comment as to whether this change is “new” and whether it had an impact on the claimant’s function that was not previously identified as a barrier.
  - Seek clarification from the case manager before finalizing your report. Causation may be under review.



# PCA Report Sample 1

## Meals

**Preparations:** *She is able to peel vegetables. She is able to chop and demonstrated she holds knife in right (dominant) hand and has to push down on the blade with the left hand. Need for assistance is related to the right shoulder injury that occurred after the MVC and determined as unrelated to the MVC.*

**Clean-up:** *She is able to wipe counters with left hand. She demonstrated she is able to wash dishes in the sink but has to lean forward to compensate for the reduced ROM in her right shoulder (related to a post MVC fall and subsequent shoulder injury).*

### **Other:**

*Based on the above, the claimant is considered as Independent with dinner meal tasks with respect to MVC-related injuries.*



# PCA Report Sample 2

## Vacuuming:

**Subj-** Claimant reported he does not vacuum at home due to his ongoing symptoms. We discussed his participation in the work hardening program and he reported he attended 4 hrs per day x 5 days a week. He stated he was able to pace himself, work through his symptoms (i.e., headaches) and took a break when needed.

**Obj-** Functional testing at the end of Sept 20XX put him in the Medium strength range. The writer notes vacuuming is within the Light strength demand, therefore based on objective testing he should be able vacuum as far as strength is concerned.

**Ax-** Ct was able to retrieve the central vac from the hall closet and set it up. He vacuumed the entire back hallway using his left hand. It took him 3 minutes, 15 seconds. At the end, he reported low back pain, an increase in pelvic discomfort, and that he felt "a little dizzy". His NPRS increased from 3/10 at the start to 5-6/10 by the end of the task. (continued)





## PCA Report Sample 2 (Con't)

*He was able to demonstrate carrying the central vacuum hose up and down the basement stairs without too much difficulty, and he was able to return the vacuum to the hall closet when he was finished.*

**Rx-** *Based on demonstrated function, it is the assessor's opinion that Mr. Smith is able to vacuum. It was recommended that he pace himself (take breaks as needed, do different sections of the house throughout the week, etc.) in order to manage his symptoms.*

***This is a good, detailed example of a functional assessment where the assessor provided an objective clinical opinion based on the claimant's demonstrated function.***



## PCA Report Sample 3

**Subjective:** Client reported he has not attempted this task since the MVA, but after practicing with OT, feels optimistic he will be able to perform some portions of cleaning such as wiping counters, table, refrigerator, and some portions of toilets and tub shower.

**Objective:** Client demonstrated sufficient bilateral U/E capacity for reaching and wiping various areas within the kitchen, dining area, living room, and bathroom. Client also demonstrated the ability to assume low-level positions for reaching into oven, into the tub shower and behind the toilet for cleaning. Although sustained positioning at lower levels may be difficult for completion of toilet and tub cleaning. The use of the provided tub scrubber would reduce the need for sustained lower-level positioning.

**Clinical Opinion:** Based on demonstrated activity and task modification practiced with OT during the assessment, in addition to the provided tub scrubber, the assessor opines the claimant would be able to perform the above heavy housecleaning activities with the use of the assistive device and pacing in order to mitigate his symptoms.



# PCA Report Sample 4

## 2.1 Access to and use of food and tools needed for meal preparation

*Comments:*

☐ Independent

Objective: Modified independence - adaptive strategy. Client demonstrated low item retrieval (from stove drawer) of heavier cooking supplies, gripping counter for support while maintaining straight back, utilizing a modified “golfers-bend” to prevent moderate trunk flexion. Able to retrieve items with some minor difficulty and lumbar discomfort. Able to repeat this numerous times without evidence of significant energy expenditure or pain exacerbation. Client would be independent accessing heavier cookware from all heights for all meal prep using adaptive strategies.

Subjective: Modified independence - adaptive strategy. No concerns utilizing strategy for low item retrieval described above. Client reports ability to access lunch/dinner supplies required for prep in this modified manner.

## 2.2 Preparation of food

*Comments:*

☐ Independent

Independent as per previous PCA. No new concerns stated by client. Not re-assessed.

## 2.4 Clean-up (washing dishes, wiping counters)

*Comments:*

☐ Independent

Objective: Modified independence - adaptive strategy. Access as per 2.1; client would be able to return items to cupboards after washing/drying using adaptive strategy. Client demonstrated upper and lower dishwasher access with some minor lumbar discomfort (using adaptive strategy). Demonstrated U/E function (reach, hand function) sufficient for wiping counters.

Subjective: Modified independence - adaptive strategy. Access as per 2.1. Client also reports independence loading dishwasher and wiping counters with some minor lumbar discomfort.



# PCA Report Sample 5

## The claimant refuses to participate in the functional portion of the assessment

*No new medical information was provided for this re-assessment. Last medical report update reviewed from Dr..... indicated the claimant's left distal radius fracture has healed and in good alignment based on X-rays performed at that time. Dr..... opined that the current wrist discomfort is soft tissue and was encouraged to get moving to mobilize wrist function. Recommend the claimant discontinue the use of the wrist brace for normal activities and even RTW part-time to progress to full-time duties as tolerance permits.*

*On assessment, the claimant was non-complaint and refused to try or demonstrate any functional activities. On prior assessment, the claimant demonstrated R shoulder AROM full in all planes, L shoulder AROM Flex 120, Ext 25, Abd 110, ER 50, IR 70 degrees. L grip strength- 15, 15, 15 lbs; R 65, 65, 60 lbs. Gait and balance were WNL. Claimant refused to squat due to anticipated back pain. Under assessment, the claimant stood for 45 minutes without issue.*



# PCA Report Sample 5 (Con't)

## The claimant refuses to participate in the functional portion of the assessment

*On current assessment, claimant sat on a chair and refused to participate in any assessment activities. Based on medical information, the claimant's distal radius had healed and was encouraged to resume normal activities and RTW at least on a PT basis.*

**Under meals-** the claimant refused to attempt lifting an empty pot (< 1 lb), reporting "I can't - wrist too weak" Based on medical information on file, the claimant would not be precluded from meals prep and clean-up.

**Under cleaning activities-** Claimant refused to even grab the broom or a dusting wand. Objectively, the claimant was cleared to resume normal activities and as a result considered Independent with applicable cleaning activities.

Same considered for all other activities reported by the claimant as "unable to complete."



# PCA Report Sample 6

SECTION 1 – PERSONAL CARE ACTIVITIES	<b>Level 1 Activities – Home and Community Management</b>	
	<p><b>1. Meal Preparation: Breakfast</b> – includes preparing breakfast for self and related components such as accessing food, table set-up and clean-up. <input checked="" type="checkbox"/> Independent</p> <p><input type="checkbox"/> Not Applicable (Select reason from the following List or specify):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No need to do this activity or the victim derives no benefit from this activity</li> <li><input type="checkbox"/> Victim did not normally perform this activity before the accident</li> <li><input type="checkbox"/> Activity not normally expected of a victim this age</li> <li><input type="checkbox"/> Need met by another agency/institution</li> <li><input type="checkbox"/> Needed assistance before accident and no increase in need due to accident</li> <li><input type="checkbox"/> Need unrelated to the accident that appeared after the accident</li> <li><input type="checkbox"/> Other Reason (please specify below):</li> </ul> <p>Pre-MVC, the claimant reported he typically had a hot meal for breakfast such as; oatmeal, eggs and a meat item or toast if he is in a hurry to leave in the a.m.</p> <p>Retro care needs identified from January 12 – 22, 2022 as outlined below due to acute shoulder injury and chest pain from sternal fracture.</p>	
	<p><b>1.1 Access to and use of food and tools needed for meal preparation</b> <input type="checkbox"/> Independent</p> <p><i>Comments:</i></p> <p>From Jan 12-22, 2022 – the claimant was able to access items of less than 5 pounds as needed for breakfast from waist to knee height, and required minimal assist for reach overhead in upper cabinet of occasionally used items such as the griddle or access to weighted items such as a 4-litre milk jug when full (8.8 lbs) from within the fridge. Presently – the claimant was observed to access and transport items as needed from the fridge, stove and upper and lower cabinets as needed; therefore considered independent in this area.</p>	



# PCA Report Sample 6 (Con't)

## 18.3 Upper body (also includes bra)

*Comments:*

☐ Independent

from Jan 12 to Jan 22, 2022

Client required assistance with task due to decreased ROM of right shoulder and ++ pain at chest area.

Presently

Client reported that he is now independent with task with modified technique – start with donning right upper extremity and vice versa for doffing and taking ++ his time.

## 20.3 Washing and rinsing (body and hair)

*Comments:*

☐ Independent

From Jan 12 to Jan 22, 2022.

Client requires minimum assistance with task.

Client reported that he is independent with washing most of his body with left upper extremity. He reported that post MVA he used a bath seat and reported that he is recently able to stand to shower.

He requires assistance with back and lower extremity/feet.

Presently

Client reported that he is now independent with task.

## 20.4 Drying (body and hair)

*Comments:*

☐ Independent

From Jan 12 to Jan 22, 2022.

Client requires minimum assistance with task.

Client reported that he is independent with drying most of his body with left upper extremity.

He requires assistance with back and lower extremity/feet.

Presently

Client reported that he is now independent with task.



# Recommendations

Prior to considering equipment recommendations, when claimant safety is not the issue, consider the acuteness of the injury prior to recommending equipment. As with the passage of weeks post MVC, the limitation will likely resolve with or without equipment.

Once implemented, the claimant's score will reflect the level of independence with the use of the assistive device in place.

If at the time of assessment, the claimant refuses an assistive device that would facilitate independence with that activity, this must be specified and the claimant will be scored according to its use regardless of choice.





# Recommendations

It can be assumed that the case manager will approve the recommendation and provision of assistive devices (on invoices totaling under \$100.00 per claim) that will facilitate independence with a specific task/s.

***In cases of the following, formal written approval is required:***

- Adaptation of a motor vehicle
- Structural alteration of the victim's residence
- Provision of powered mobility aids
- Provision of communication, learning and cognitive therapy aids



# Recommendations

Think before you recommend an assistive device or an adaptation.

- What is the intended purpose?
- Is the need for safety?
- Is it an acute or long term need? Appropriateness of recommendation based on the timeline of recovery stage?
- Is the purpose to ensure independence with a task?
- Is it a homeowner responsibility or an MVC issue?
- Can the task be modified or accommodated instead?
- What is the cost-benefit?

You may think that an item is of a nominal cost but when considering 1,000s of claims, the overall costs can add up significantly.



# Recommendation for Reassessment

If you feel at the time of transmission of the “Request For Service” (RFS) request that a reassessment would not be required at that time, as the claimant’s status has not changed since the last assessment (still casted) or upon contact with the claimant, they advised that a medical procedure is pending.

Have a conversation with the case manager advising them of same and notify the PCA admin accordingly to defer the assessment if agreed.



# Invoicing

- Ensure accuracy of PCA report date to invoicing dates.
- Ensure RFS/PCA report/Invoice all have the same claim number and name.
- Most items have different bill items/cover codes, therefore ideal to have each item broken down with their individual cost.
- When billing for equipment/supplies, refrain from listing the items as “MPI Expenses” and list the actual name of the item on your invoice.
- If you are purchasing items on behalf of the claimant, you need to include your receipts along with the invoice for reimbursement.

We have been advised that these measures will expedite the payment process.



# General Assessment & Reporting Tips

- Important to reference handedness for upper extremity limitations.
- Important to reference meal choices prepared prior to MVC.
- Important to reference the size of the home and flooring.
- Consider activities that can be completed while seated, i.e., meal preparations, folding laundry, shaving etc.
- Reference also what the claimant is able to complete, rather than only what they are unable to do, as this is helpful for apportioning tasks.
- Important to clarify if indoor stairs are required or can it be deferred.
- Need to quantify terms, i.e., “heavy”, “a lot”, “far” need to specify a weight here.





Questions

