



The Personal Care Tool is designed to capture each Medicaid client’s individual Personal Care needs. This tool is to be completed by the personal care provider **with** the client and/or their guardian or parent(s).

Instructions for filling out the Personal Care Assessment Tool

- This tool can be completed either by hand on a printed-out copy or on a computer or tablet.
- If you print the tool and complete by hand, you must add each section’s points up manually. If you complete the tool on your computer or tablet, the form will add the points for you.
- Whether you complete this tool by hand or on a computer or tablet, you will need to enter the information separately in the PAR web portal to receive authorization for services. The online PAR form will add up the points for you.
- Each question is to be answered considering the **average needs** of the client (not based on one specific time a task was completed for the client).
- Select **only one** answer for each question. *If an individual task requires skilled care, you will not receive **any** personal care points for that task.*
- Complete all sections I-III.

Definitions

- Age Appropriate – a term used to identify when a personal care benefit task is something that a healthy Medicaid client of the same age could complete. The Department uses lowa Ages & Stages to identify age appropriate benchmarks.
- Independent - defined in this assessment as a client not needing any assistance with a task. If a client needs cueing or supervision to ensure a task is performed safely, then the client is defined as not independent, and needs assistance with that task.
- Department Trained Provider - all individuals completing this tool are required to complete the Department of Health Care Policy and Financing’s (HCPF) Personal Care Benefit provider training, found on the [Personal Care webpage](#) and print the certificate of completion. Agencies are to keep a copy of all certificates in the event of a Colorado Department of Public Health and Environment (CDPHE) audit.

Required Documentation

These documents are required for your Prior Authorization Request (PAR):

	PCAT completed by the personal care provider with the client and/or family members
	485 – Home Health Certification Plan of Care or form with identical content (documenting the client’s diagnoses and need and frequency for each individual task)

Optional Supporting Documentation

Additional documentation supporting your request may include but is not limited to:

	Documentation supporting a request for additional hours, tasks, or frequency, if the client’s 485 does not include this information
	A list of home equipment
	A complete list of active medications
	Any additional documentation that is necessary to reflect the client’s personal care needs



Section I - Complete for all clients

Client Information

Client Name _____ Medicaid Number _____

Client Address _____

Birthdate _____ Male Female

Provider Information

Provider Name _____

Provider Address _____

Provider Telephone Number _____ Provider ID _____

Printed name of person completing assessment _____

Signature of person completing assessment _____

Date Assessment Completed _____

Discipline of Person Completing This Assessment:

- Registered Nurse (RN)
- Physical Therapist (PT)
- Occupational Therapist (OT)
- Other qualified provider Please identify _____
- Legally responsible adult/family member
- Personal Care provider/Worker (PCP/W)
- Other Home Care provider Please identify _____

Clinical Record Items

Current Payment Sources (mark all that apply):

- Medicaid (traditional fee-for-service)
- Medicaid (Health Maintenance Organization (HMO)/Managed Care)
- Title programs (e.g., Title III, V, or XX)
- Other government (e.g., Tricare, VA, etc.)
- Private insurance
- Private HMO/Managed Care

This assessment is being completed for the following reason:

- New Prior Authorization Request (PAR)
- PAR revision request to a current, approved PAR



Section I - Complete for all clients

Client History and Diagnosis

List ALL principal and secondary diagnosis codes with descriptions (Include appropriate surgeries and procedures directly related to the client's personal care needs)

Diagnosis Code	Description

List equipment currently in use by/for this client:

Equipment Name	Client Use Description

Check any services this client is currently receiving:

- Home Health Name of Agency _____
- Private Duty Nursing Name of Agency _____
- Case Management Name of Agency/Case Manager _____
- Home Care Allowance
- Waiver Services Please list below, including IHSS and CDASS programs and/or waiver personal care services:



Section II – Personal Care Task(s)

1. Bathing/Showering Task

Client Factors:

- Has unbroken skin
- Is independent with assistive devices

Task Includes:

- Getting in and out of tub/shower

Task Excludes:

- Grooming tasks: washing face, hands, and shampooing hair

	This task is a Skilled Care task OR	
	0	None, is independent, can be verbally cued, or is age appropriate
	1	50% or less of the time
	2	Greater than 50% of the time

Factors that Make Task Skilled: The presence of open wound(s), stoma(s), broken skin and/or active chronic skin disorder(s); client is unable to maintain balance or to bear weight reliably due to fragility of illness, injury or disability, history of falls, temporary lack of mobility due to surgery or other exacerbation of illness, injury, or disability.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

2. Dressing Task(s)

Client Factors

- Requires assistance with ordinary clothing and application of braces, splints, and/or support stockings that do not require a qualified provider’s orders
- A PCW may assist another care provider, caregiver, or family member who is competent in providing this aspect of care

Note:

- Application of stockings includes putting them on and taking them off as 1 application daily

Non-provider ordered braces, splints, and/or stockings:

	This task is a Skilled Care task OR	
0	None, is independent, can be verbally cued, or is age appropriate	
1	Daily	
2	Greater than once per day	

Client requires dressing assistance:

	This task is a Skilled Care task OR	
0	None, is independent, can be verbally cued, or is age appropriate	
1	50% or less of the time	
2	Greater than 50% of the time	

Factors that Make Task Skilled: Dressing is considered a skilled task when the CNA must assist with the application of anti-embolic or pressure stockings, placement of braces or splints that can be obtained only with a prescription of a qualified physician, or when the client is unable to assist or direct care. Services may also be skilled when the client experiences a temporary lack of mobility due to surgery or other exacerbation of illness, injury, or disability.

3. Feeding Task

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

Client Factors:

- Independently chew and swallow without difficulty
- Can be positioned upright
- Can eat or be fed with adaptive utensils

	This task is a Skilled Care task OR	
	0	None, is independent with chewing and swallowing without difficulty, does not eat by mouth or is age appropriate
	1	50% or less of the time
	2	Greater than 50% of the time

Factors that Make it a Skilled Care Task: Syringe feeding and tube feeding may be performed by a CNA who has been deemed competent to administer feedings via tube or syringe (Home Health agencies may also choose to delegate this task to the CNA). Oral feeding is skilled only when the client is unable to communicate verbally, non-verbally, or through other means; the client is unable to be positioned upright; the client is on a modified texture diet; or when the client has a physiological or neurogenic chewing and/or swallowing problem where there is the presence of a structural issue (such as cleft palate) or other documented swallowing issues. A client with a history of aspirating food or on mechanical ventilations may create a skilled need for feeding assistance.

CNA may provide suctioning.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

4. Medication Task – Medication Reminder

Task Includes:

- Asking if medications were taken by client
- Verbally prompting the client to take medications
- Handing a marked medication reminder container to the client
- Provide assistance opening the marked medication container if a client is unable

Notes:

- All medications in the client’s marked medication container must be pre-selected by the client, the client’s unpaid family caregiver, a nurse, or a pharmacist and stored in a pre-filled medication reminder boxes which are marked as to the day and time of dosage
- Preferably the container should also have the person identified who filled the medication reminder and the date and time it was filled

Client requires medication assistance:

	This task is a Skilled Care task OR	
	0	None
	1	100% or less of the time

Factors that Make Task Skilled: None, unless the CNA meets the DORA-approved CNA-MED certification, which is always a skilled task. CNA may replace oxygen tubing and may set oxygen to ordered flow rate (see Pediatric Assessment tool (PAT) Respiratory Care)

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

5. Mobility/Ambulation/Locomotion Task

Client Factors:

- Able to balance and bear weight reliably
- Independent with an assistive device
- Assisting another care provider, caregiver, or unpaid family caregiver who is competent in providing the skilled aspect of care
- Able to ambulate, age appropriate

Note:

- Assistive devices include, but are not limited to: wheelchairs, splints, braces, standers, and/or walkers

Client requires assistance with mobility/ambulation (with or without assistive devices and/or wheelchair):

0	Independent and/or age appropriate
1	50% or less of the time
2	Greater than 50% of the time

Factors that Make Task Skilled: When the client is unable to assist or direct care or when hands on assistance is required for safe ambulation and client is unable to maintain balance or bear weight reliably or has not been deemed independent with assistive devices ordered by a qualified physician.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

6. Meal Preparation

- All meal preparation is an unskilled task, except as defined in the Factors that Make Task Skilled portion of this section

This task is a Skilled Care task OR	
0	None
1	100% of the time or less

Factors that Make Task Skilled: Diets that require nurse oversight to administer correctly and meals that must have a modified consistency (thickened liquids, etc.) are considered CNA tasks. There must be a documented decline in condition and/or ongoing need documented in the client’s record.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

7. Hygiene - Hair Care/Grooming Task

Task includes:

- Styling of hair with non-provider ordered hair products, to include drying, combing, and styling

Note:

- Active and chronic skin issues such as dandruff and cradle cap do not make this task skilled.

	This task is a Skilled Care task OR	
0	Independent and/or age appropriate	
1	100% of the time or less	

Factors that Make the Task Skilled: Client is unable to complete task independently. The client requires shampoo/conditioner that is prescribed by a qualified physician and dispensed by a pharmacy and/or when the client has open wound(s) or stoma(s) on the head. Task may be completed during skilled bath/shower. Styling of hair is not considered a skilled task.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

8. Hygiene - Mouth Care Task

Task Includes:

- Basic oral hygiene and/or denture care

Note:

- The presence of gingivitis, receding gums, cavities, and other general dental problems do not make mouth care skilled

	This task is a Skilled Care task OR	
	0	Independent and/or age appropriate
	1	100% of the time or less

Factors that Make the Task Skilled: Mouth care for clients who are unconscious, have difficulty swallowing, or are at risk for choking and aspiration is considered skilled care. Mouth care is also skilled when a client has decreased oral sensitivity or hypersensitivity or when the client is on medications that increase the risk of dental problems or bleeding, injury, or medical disease of the mouth.

CNA may provide oral suctioning.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

9. Hygiene - Nail Care Task

Task Includes:

- Soaking of nails
- Pushing back of cuticles without utensils
- Filing of nails

Note:

- Personal care shall not include nail trimming

	This task is a Skilled Care task OR	
	0	Independent and/or age appropriate
	1	100% of the time or less

Factors that Make Task Skilled: Nail care for clients with a medical condition that involves peripheral circulatory problems or loss of sensation, are at risk for bleeding, and/or are at a high risk for injury secondary to the nail care may only be completed by a CNA who has been deemed competent in nail care for this population.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

10. Hygiene – Shaving Task

Client Factors:

- Requires assistance with an electric or safety razor

	This task is a Skilled Care task OR	
0	Independent and/or age appropriate	
1	100% of the time or less	

Factors that Make Task Skilled: Clients with a medical condition that might involve peripheral circulatory problems or loss of sensation or when the client has an illness or takes medications that are associated with a high risk for bleeding. This task is also considered skilled when the client has broken skin (at/near shaving site) or when he or she has a chronic active skin condition.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

11. Hygiene - Skin Care Task

Client Factors:

- Has unbroken skin
- Has no chronic skin problems active
- Requires preventative rather than therapeutic skin care, including the application of non-medicated, non-provider ordered skin products

	This task is a Skilled Care task OR	
	0	No assistance, is independent or age
	1	50% of the time or less
	2	Greater than 50% of the time

Factors that Make Task Skilled: Client requires additional skin care that is prescribed by a qualified physician and/or dispensed by a pharmacy, when the client has broken skin, a wound(s) or an active skin disorder, and client is unable to apply product independently due to illness, injury, or disability. There must be a documented decline in condition and/or on-going need documented in the client’s record.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

12. Toileting - Bowel Care Task(s)

Client factors:

- Requires assistance to and from the bathroom
- Requires bedpan and/or commode, to include pericare
- Requires changing of clothing, pads of any kind used for the care of incontinence, to include pericare
- Has all prior broken skin completely healed

The frequency of bowel movements for the client is on average:

	This task is a Skilled Care task OR	
	0	2 or less per day
	1	3-4 times a day
	2	5 or more times a day

Client requires assistance with bowel hygiene:

	This task is a Skilled Care task OR	
	0	None or is independent
	1	50% or less of the time
	2	Greater than 50% of the time

Factors that Make Task Skilled: Clients must have a relatively stable or predictable bowel program/condition and CNA must be deemed competent to provide the client specific program as ordered by a qualified physician. Delegated Bowel Programs may include the use of over-the-counter suppositories and enemas.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

13. Toileting - Bowel Program

- Requires ostomy bag and/or urinary collection devices emptied, and no output is recorded or reported
- No need for skilled skin care

Note:

- Does not include digital stimulation, insertion of suppositories or enemas

	This task is a Skilled Care task OR	
	0	Does not have an ostomy
	1	Has an ostomy and no outputs are recorded

Factors that Make Task Skilled: Client must have a relatively stable or predictable bowel program/condition and CNA must be deemed competent to provide the client specific program as ordered by a qualified physician. Delegated Bowel Programs may include the use of over-the-counter suppositories and enemas.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

14. Toileting - Catheter Care

Client Factors:

- Requires emptying of urinary collection devices, such as catheter bags, when there is no need for observation or reporting to a nurse
- Pericare if the client has an indwelling catheter

Client requires assistance with catheter care:

	This task is a Skilled Care task OR	
	0	Independent
	0	Without recording or reporting output and/or breaking the tubing seal
	1	Greater than 50% of the time

Factors that Make Task Skilled: Emptying catheter collection bags (indwelling or external) is considered skilled care only when there is a need to record and report the client’s urinary output to the client’s nurse. If the indwelling catheter tubing needs to be opened for any reason and the client is unable to do so independently.

Menses

Client Factors:

Client requires assistance with menses:

	This task is a Skilled Care task OR	
	0	Is male and/or does not have menses (naturally or with medication intervention)
	0	Independent or requires 50% or less of the time
	1	Greater than 50% of the time

Factors that Make Task Skilled: Client is unable to assist or direct care, or has broken skin or recently healed skin breakdown (less than 60 days). Client requires skilled skin care associated with bladder or bowel care or client has been assessed as having a high and on-going risk for skin breakdown.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

15. Toileting – Bladder Care Task(s)

Client Factors:

- Requires assistance to and from the bathroom
- Requires bedpan and/or commode, to include pericare
- Requires changing of clothing, pads of any kind used for the care of incontinence, to include pericare
- Has all prior broken skin completely healed

Note: Includes diaper changes and perineal care associated with diaper changes

0	Independent
1	50% or less of the time
2	Greater than 50% of the time

Factors that Make Task Skilled: Client is unable to assist or direct care, or has broken skin or recently healed skin breakdown (less than 60 days). Client requires skilled skin care associated with bladder or bowel care or client has been assessed as having a high and on-going risk for skin breakdown.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

16. Mobility - Positioning Task

Client Factors:

- Is age appropriate
- Is able to communicate when position needs to be changed, verbally or non-verbally or by other methods of communication identified in the client’s plan of care (for example: an alphabet or picture board that they point to or identify the character or picture)
- Skilled skin care with positions is not needed

Note:

- Positioning may include alignment in a bed, wheelchair, or other furniture

Client requires assistance with positioning:

	This task is a Skilled Care task OR	
	0	Independent, age appropriate
	1	50% of less of the time
	2	Greater than 50% of the time

Factors that Make Task Skilled: When the client is unable to assist or direct care, or when hands on assistance is required for safe ambulation and client is unable to maintain balance or bear weight reliably, or has not been deemed independent with assistive devices ordered by a qualified physician.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section II – Personal Care Task(s)

17. Mobility -Transfer Task(s)

Client factors:

- Has sufficient balance and strength to reliably stand, pivot, and assist in transferring themselves
- Requires assistance in transferring and is able to direct the transfer and assist the providers
- Is age appropriate

Note:

- Adaptive and safety equipment may be used in transfers, provided that the client and Personal Care Worker (PCW) are fully trained in the use of the equipment and the client, client’s family member, or guardian can direct the transfer step-by-step or a PCW is deemed competent in the specific transfer technique for the client
- Adaptive equipment may include, but is not limited to, wheel chairs, tub seats, and grab bars
- Gait belts may be used in a transfer as a safety device for a PCW as long as the worker has been properly trained in its use

Client requires assistance:

	This task is a Skilled Care task OR	
0	Independent	
3	50% or less of the time	
1	Greater than 50% of the time	

Factors that Make Task Skilled: Transfers are considered skilled when a client is unable to communicate verbally, non-verbally, or through other means and/or is not able to perform this task independently due to fragility of illness, injury, disability, or temporary lack of mobility. It is also considered a skilled task when the client lacks the strength and stability to stand and/or bear weight reliably, is not deemed independent with the use of assistive devices and/or Durable Medical Equipment that has been ordered by a qualified physician. Transfers are also considered skilled when the client requires a mechanical lift for safe transfers. In order to transfer clients via a mechanical lift, the CNA must be deemed competent in the particular mechanical lift used by the client.

Personal Care Task points from **this page** _____
Personal Care Task points **running total** _____



Section III – Personal Care Modifiers, Part A:

The client is currently receiving skilled care services (Do NOT complete this section)

The questions in Section III (Personal Care Modifiers) were answered by:

	The client
	The legal guardian reported on behalf of the client

Question 1:

How often does your ability to express your thoughts, feelings, and needs when talking (or using your hands) affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 2:

When your caregiver is talking to you about your care, how often does your ability to understand what they are saying affect their ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 3:

How often does your ability to cooperate and communicate safely affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 4:

How often does your ability to control your muscles when you are trying to move your body affect your caregiver’s ability to meet your needs?

0	No Effect
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Personal Care Modifier points from **this** page _____
Personal Care Modifier Part A points **running total** _____



Section III – Personal Care Modifiers, Part A:

1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Personal Care Modifier Part A points total _____

Personal Care Modifier points from this page _____
Personal Care Modifier Part A points running total _____



Section III – Personal Care Modifiers, Part B:

Question 5:

How often does your ability to breathe when doing activities affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 6:

How often does your ability to hear what people say to you affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 7:

How often does the amount of pain you experience affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 8:

How often do you experience uncontrollable body shakes that affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis
3	≥ 75% of the time or on a daily basis

Question 9:

Personal Care Modifier points from **this** page _____
Personal Care Modifier Part B points **running total** _____



Section III – Personal Care Modifiers, Part B:

How often does your ability to see things affect your caregiver’s ability to meet your needs?

0	No Effect
1	≤ 25% of the time or on a monthly basis
2	26-74% of the time or on a weekly basis

Personal Care Modifier Part B points total question 1-9 _____

Personal Care Modifiers, Part B - Table 1:

Risk Factor	1 Point	2 Points	3 Points	4 Points
Are you able to recognize the need to move your body?	Able 100% of the time	Some ability 25-50% of the time	Limited ability less than 25% of the time	Unable
Are you able to keep your skin dry?	Able 100% of the time	Some ability 25-50% of the time	Limited ability less than 25% of the time	Unable
Are you able to do physical activities?	Able to walk around whenever I want to	Some ability (walk occasionally but spend most time in a bed/chair)	Limited ability (mostly in a chair with help)	Unable (always in bed)
Are you able to move your body when you want to?	Able 100% of the time	Some ability 25-50% of the time	Limited ability less than 25% of the time	Unable
Are you able to eat?	Able 100% of any meals	Some ability 25-50% of the time	Limited ability less than 25% of the time	Unable
How much assistance do you need when you change position(s)?	Never Need Assistance	Usually need assistance	Total assistance	

Total points from Table 1 _____

Personal Care Modifier points from this page _____
Personal Care Modifier Part B points running total _____



Section III – Personal Care Modifiers, Part B:

If Your Total Points from Table 1 are	Use this amount for “ Personal Care Modifiers Part B ” points from THIS page
≤ 9 points	0
10-12 points	1
13-14 points	2
15-18 points	3
19-23 points	4

Personal Care Modifier Part B points total questions 1-9 + Table 1 _____

Personal Care Modifier points from this page _____
Personal Care Modifier Part B points running total _____



Totals page

Section Totals:

	II. Personal Care Tasks, total points
	III. Modifiers A and Modifiers B, total points
	Total Points for Sections II and III

Points

II. Personal Care Tasks

Score	Recommended Time
0-6	Up to 1 hour
7-12	Up to 2 hours
13-18	Up to 3 hours
19-25	Up to 4 hours
26-32	Up to 5 hours
≥ 33	Up to 6 hours
Total points section II (personal care tasks) _____	
Recommended time (hours per day) _____	

III. Personal Care Modifiers

Modifier A

Score	Time
1-4	.5 hours
5-8	1 hour
≥ 9	1.5 hours
Total points section III - Modifiers A only _____	
Recommended time (hours per day) _____	

Modifier B

Score	Time
1-8	.5 hours
≥ 9	1 hour
Total points section III – Modifiers B only _____	
Recommended time (hours per day) _____	

If your client is receiving Skilled Care services, the Skilled Care modifier hours will be used in place of Personal Care modifier hours.

Personal Care Totals

Sum II + III (or Sum II + Skilled Care Mod points) _____
Total recommended time (hours per day) _____



If you or your client and family member(s) wish to request more personal care services time than this tool assigns, clients, providers, and client family members can use the space below to explain the need for additional time.

NOTE: Be sure that the client's 485 Plan of Care and/or additional documentation provides evidence of the medical need for additional time.

Client/Family Member Explanation of Need for Additional Personal Care Time (optional)

Provider Explanation of Need for Additional Personal Care Time (optional)



Instructions on submitting the PCAT for Prior Approval Authorization:

Submit this assessment and other required documents online via eQSuite, available at the Colorado PAR Program website:
www.ColoradoPAR.com.

Important Notes:

- This assessment does **not** solely define the number of service hours a client will be allocated for personal care needs.
 - The CMS 485 Home Health Certification Plan of Care and relevant clinical documentation are all reviewed to determine an individual client's allocated personal care time.
- A client's legally responsible adult may **not**, under any circumstances, be paid to provide Personal Care services to that client.
- If a client is receiving skilled care for a task, that client will **not** receive any personal care services for that task.
- PARs must be submitted at least 10 days prior to the PAR start date
- A decline in condition and/or an ongoing need must be documented for all client tasks.
- Home Health Care Agencies are required to create and maintain a client care plan for **all** services a client receives, not only the tasks listed on this assessment.
- If a client is receiving services from Class A, Class B, and other agencies, these agencies are required to maintain routine communication and coordination to ensure that:
 - The client does not receive duplicate services
 - The PAR is revised if and when necessary
 - All agencies are informed about all aspects of necessary care