

**PARENT-COORDINATED PERSONAL ASSISTANCE (PCPA) TERMS OF USE
(To Be Completed and Submitted with Electronic Request for Vendorization)**

___ Considered generic services and agency personal assistance services

___ There is an IPP objective for parent-coordinated personal assistance

___ In determining need and number of hours, consider:

- Has considered routing chart for clinical review for consumers with health conditions requiring nursing care
- Consumer limitations that require support
- Behavioral challenges (frequency and intensity)
- Self-help skills (requires verbal/physical prompts/complete assist)
- Other services being provided (is not a duplication of services)
- Generic services; i.e., disable student services, IHSS

___ The IPP specifies:

- The purpose, type, and number of hours of services (including schedule and goals to be addressed)
- Special training the worker may need
- Frequency parent will provide status reports including a fade-out plan at least semi-annually
- Parent will provide a schedule of personal assistance services
- Parent will provide revised schedule when requesting additional hours and/or change in use of personal assistance

A Status Report will be submitted semi-annually unless the SC requests them more frequently. It will be signed by the parent and will address the current status of the service, specify the use and number of hours PA services provided per month, and a fade-out plan (unless PA services are anticipated to be life-long).

Consumer Name/UCI# _____

PCPA Vendor Name/Vendor# _____

SC Signature/ Date: _____

Supervisor Signature/ Date: _____

Consumer Services Chief Signature/ Date: _____

***Attach narrative for Consumer Services Chief's review/ approval describing the type and number of hours of personal assistance services**