

BE YOUR OWN BEST ADVOCATE:

A Toolkit for Representing Yourself in Personal Assistance Services (PAS) Appeals

By: Meggie McCarthy-White,
Pennsylvania Health Law Project

July 2025

This toolkit was created with funding from the Independence Foundation.

Introduction to PAS Appeals

If you had an assessment and your Community HealthChoices (CHC) plan has denied or reduced your Personal Assistance Services (PAS) hours, you should file an appeal to challenge the decision. There are three stages of appeal:

- 1 Grievance Hearing:** An internal meeting between you and three people from your CHC plan, known as the “grievance committee.” The committee typically has a doctor, an employee of the plan, and a community member.
- 2 External Review:** A paper-based review of your case. An outside medical organization (known as an “external review organization”) will review your plan documents and any additional documents you send to them. Common documents to send include a letter from your doctor, medical records, or a letter you write explaining why you need your PAS hours.
- 3 Fair Hearing:** A hearing about your case before an Administrative Law Judge. A representative from your CHC plan will have an opportunity to present their case and explain why the plan denied your hours. You will then present your case and explain why you need your hours.



How to Use This Toolkit

This toolkit highlights the most important information to present during your PAS appeal, and shares questions that you and your caregiver(s) should address as you prepare for and present your case during the appeal.

The questions and topics in this toolkit are commonly asked by grievance committees and during fair hearings. They will also help you think about information to share for your external review. For instance, you may want to use your answers to write a short letter explaining why you need the PAS hours you are requesting or to write a schedule of your day.

① PAS HOURS

- Currently, I get _____ hours of PAS each week.
- I asked my CHC plan for _____ hours of PAS each week.

Choose one:

- ☐ I asked for the SAME number of hours I have been getting. I have been getting this number of hours since _____ **(insert date)**.
- ☐ I asked for an INCREASE in the number of PAS hours I have been getting.

② MY HEALTH CONDITIONS

- I am _____ years old.
- My health conditions include:

My Health Conditions	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.
Other (specify):	

③ SEEKING SAME PAS HOURS

NOTE: Complete this section if you are seeking to keep the same PAS hours you currently have. If you are seeking an increase or new/different hours, skip this section and go to the next section instead.

- My last assessment was on or around _____ **(insert date or leave blank if unknown).**

- I am asking to continue the same number of PAS hours because . . .
(choose all that apply):

- ☐ Since my last assessment, my health has not improved and/or there has been no change in my health condition(s).

Please explain:

.....

.....

.....

- ☐ Since my last assessment, I have had an accident, emergency, or hospitalization (Example: a fall, emergency room visit, or hospital stay).

Please explain:

.....

.....

.....

- ☐ Since my last assessment, my hours prevented an accident, emergency, or hospitalization (Example: I almost had a fall, but my caregiver was there and caught me).

Please explain:

.....

.....

.....

- ☐ Since my last assessment, my safety and supervision needs are the same (Example: I still need assistance with walking, toileting, or fall prevention).

Please explain:

.....

.....

.....

- ☐ Since my last assessment, I need the same amount of help with activities of daily living (such as bathing, dressing, toileting, etc.) or instrumental activities of daily living (such as meal preparation, transportation, etc.).

Please explain:

.....

.....

.....

- ☐ My doctor has recommended I continue to get the same hours because . . .

Please explain:

.....

.....

.....

- ☐ Other – Think about your individual situation and care needs. Is there something unique about your situation that your CHC plan should know?

Please explain:

.....

.....

.....

④ SEEKING INCREASE IN PAS HOURS

NOTE: Skip this section if you are not seeking new or additional PAS hours.

- My last assessment was on or around _____ **(insert date or leave blank if unknown).**
- I am asking for an increase in my PAS hours because . . . **(choose all that apply):**

- ☐ Since my last assessment, my health has declined and/or my health condition(s) have gotten worse.

Please explain:

.....

.....

.....

- ☐ Since my last assessment, I have had an accident or hospitalization (Example: I had a fall, emergency room visit, or hospital stay).

Please explain:

.....

.....

.....

- ☐ Since my last assessment, I almost had an accident (Example: I almost had a fall).

Please explain:

.....

.....

.....

- ☐ My doctor has recommended I get more help at home because . . .

Please explain:

.....

.....

- ☐ I need more help at home because of a new diagnosis or health condition.

Please explain:

.....

.....

.....

- ☐ Since my last assessment, I need more help with unscheduled needs like toileting, cleaning up after bowel/bladder accidents, potential falls, or wandering.

Please explain: *Example: "Before, I had bladder accidents/falls [X] times per week. Now, I am having this problem [Y] times per week."*

.....

.....

.....

- ☐ Since my last assessment, I need more help with activities of daily living (bathing, dressing, toileting, etc.) and/or instrumental activities of daily living (meal preparation, transportation, etc.)

Please explain: *Example: "[Insert task] used to take me [X] minutes. Now, it takes me [Y] minutes because . . ."*

.....

.....

.....

- ☐ Other – Think about your individual situation and care needs. Is there something unique about your situation that your CHC plan should know?

Please explain:

.....

.....

.....

⑤ CAREGIVER SCHEDULE

- List all caregiver(s) names:

- List their current caregiving schedule(s):

⑥ INFORMAL SUPPORTS

During your assessment, your caregiver might feel pressured to say they would care for you even if they weren't paid. It is important to remember that informal support must be VOLUNTARY. It is okay for your caregiver to say that they are not willing to do unpaid work.

If a caregiver has other responsibilities (such as family, work, school, etc.) or has been forced to find other paid work since your PAS hours were reduced, they are likely not able or available to provide unpaid care on a consistent basis (even if willing).

Note: An "Informal Support" is defined in the CHC Agreement as someone who is willing, able, and available to provide unpaid care on a consistent basis. It is not the same as asking whether there is anyone in your life who can help you in case of an emergency, accident, or caregiver unavailability.

- I live:

☐ Alone

☐ With:

- I have people in my life who are willing, able, and available to provide unpaid care for me on a regular basis. *(Do not include people who are only able to help in an emergency, or who can only help you once in a while).*

☐ YES – I have family or informal support.

☐ NO – I do not have family or informal support.

- If my hours are cut, my current caregivers would not be willing, able, or available to work unpaid to replace the hours that were taken away.

This is because **(choose all that apply):**

☐ They would have to find another job, and won't be available to provide unpaid care.

☐ They have other family obligations *(please explain):*

.....

☐ Other *(please explain):*

.....

⑦ BREAKDOWN OF MY DAY

Use the chart **at the end of this toolkit** to write down a few days of your life and the tasks you need help with from the time you wake up to the time you go to bed. Feel free to add time to this schedule as needed. Be sure to include safety and supervision needs, such as if you need supervision while eating, walking, etc.

Be as detailed as possible. For example: “My caregiver drives me to my doctor’s appointment and we run into traffic. I lean on them to get out of the car, they help get me to the elevator and walk to my appointment by guiding my walker. Then they help me transfer from my walker to sit down in the waiting room...”

Find a blank daily schedule you can use at the back of this toolkit!

Because every day is different, **try to capture at least a few days of your week.** Try to record both a “good” day (for instance, when you might be feeling better) and a “bad” day (when you might not be feeling well and need more help with your activities). You might also consider recording a day when you are out in the community (for instance, when you have a doctor’s appointment) and a day when you are at home.

If you need help **overnight**, you should also write a schedule of your overnight needs.

You may want to submit this schedule to the grievance committee, as well as for your external review and to the judge for your fair hearing.

Sample Schedule:

Time	Activities
7:00 AM	<i>I stay in my bed until my caregiver arrives because I do not want to fall. I lean on them and they help me to walk to the bathroom. They help me get on the toilet. Then they help me get into the shower and help me sit on my shower chair. They wash me.</i>
8:00 AM	<i>My caregiver helps me put my clothes on while I sit on my bed. They lift my arms and legs. They set out my toothbrush, hairbrush, and other hygiene items.</i>
9:00 AM	<i>My caregiver makes breakfast. After I eat, I lean on them and they help me get into the car and take me to my doctor’s appointment.</i>

⑧ SAFETY AND SUPERVISION NEEDS

Personal Assistance Services includes not only hands-on assistance, but also safety and supervision with performing daily activities. PAS also includes help with unscheduled needs that you can't predict (such as help with using the toilet or assistance with cleaning yourself after a bowel or bladder accident.)

I have the following safety/supervision or unscheduled needs:

Need	Yes/No?	Describe your need for help
Fall Risk	Y / N	
Incontinence (bowel or bladder accidents)	Y / N	How many accidents per day/week?
Toileting (for example, frequent toilet use; assistance with cleaning yourself after toileting)	Y / N	How many times do you go to the bathroom each day?
Wandering	Y / N	Give recent examples:
Supervision while walking	Y / N	
Supervision while eating (for example, choking risk)	Y / N	
Other (please describe)	Y / N	

⑨ HARM IF HOURS ARE CUT OR DENIED

Complete this section to show the harm that would result from your PAS hours being cut or not approved.

- If my hours are cut or not approved, I will not be able to **(choose all that apply):**

- ☐ Take a shower or bath safely
- ☐ Get dressed safely
- ☐ Use the toilet safely (or change my briefs/pads, if using incontinence supplies)
- ☐ Clean myself after a bowel/bladder accident (I could be left to sit in feces/urine)
- ☐ Leave my bed or chair without risking a fall (I cannot walk around my home safely)
- ☐ Prepare food/meals
- ☐ Eat enough meals (I will miss meals)
- ☐ Take my medications (I will miss doses of my medications)
- ☐ Attend community activities
- ☐ Attend my doctor appointments
- ☐ Attend physical therapy, occupational therapy, or other therapies
- ☐ Exercise
- ☐ Other *(please describe)*:

.....

.....

.....

- In a few words, what are your main concerns if your hours are cut or not approved?

.....

.....

.....

.....

.....

.....

10 SUPPORTING DOCUMENTS

Use this section of the toolkit to brainstorm what documents you have (or can ask for) to submit in support of your appeal.

Choose all that apply:

☐ Letter from my primary care physician/doctor: I HAVE / WILL ASK FOR

☐ Letter(s) from other doctors who know about my needs (*list each doctor*):

.....: I HAVE / WILL ASK FOR

.....: I HAVE / WILL ASK FOR

.....: I HAVE / WILL ASK FOR

.....: I HAVE / WILL ASK FOR

☐ Letter from my Physical Therapist: I HAVE / WILL ASK FOR

☐ Letter from my Occupational Therapist: I HAVE / WILL ASK FOR

☐ ER or hospital records showing fall or other accidents: I HAVE / WILL ASK FOR

☐ Breakdown of my day (*see example chart*): I HAVE / WILL ASK FOR

☐ Letter from me describing my needs in my own words: I HAVE / WILL WRITE

☐ Letter from caregiver describing what they help with: I HAVE / WILL ASK FOR

☐ Medical records listing my conditions or medications: I HAVE / WILL ASK FOR

SAMPLE DAILY SCHEDULE

Name (First and Last): _____ DOB or Member ID: _____

Sun							
Sat							
Fri							
Thurs							
Wed							
Tues							
Mon							
	8:00 AM or wake time	9:00 am	10:00 AM	11:00 AM	12:00 PM	1:00 PM	2:00 PM

SAMPLE DAILY SCHEDULE

Name (First and Last): _____ DOB or Member ID: _____

Sun							
Sat							
Fri							
Thurs							
Wed							
Tues							
Mon							
	3:00 PM	4:00 PM	5:00 PM	6:00 PM	7:00 PM	8:00 PM	9:00 PM or bedtime



© July 2025
Pennsylvania Health Law Project
Helpline: 1-800-274-3258
www.phlp.org

Need Legal Help?

Free legal help is available for those needing assistance navigating the appeals process. To apply for legal help, call PHLP's Helpline at 1-800-274-3258 or email staff@phlp.org.

For More Information

More self-help materials and guides can be found on PHLP's Resource Library. Visit our website at www.phlp.org and click 'Resource Library' from the top menu.