MassHealth PCA Prior Authorization
Application for PCA Services

MassHealth

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Personal care management (PCM) agencies must complete this application in full when requesting prior authorization (PA) for PCA services, and submit it via the MassHealth LTSS Provider Portal along with the completed and signed *MassHealth PCA Evaluation* form (PCA-2). Include all relevant supporting documentation and attach a separate sheet if needed.

Evaluation Type:	☐ Initial Evaluation ☐ Reevaluation

Section 1: Personal Care Management (PCM) Agency

PCM Agency Name:			
PCM MassHealth Provider Number:			
Requesting Contact *(Name, Phone, Fax)*			
PA Review Type *If expedited, explain the necessity* ☐ Standard ☐ Expedited			

Section 2: Consumer Information

Consumer MassHealth ID Number:		Consumer DOB:		Age:	
Consumer Name:					
Consumer Address:		Consumer Telephone Number:			
Has the Consumer had a change in their demographic information? ☐ Yes ☐ No If Yes, please instruct the consumer to update their information through the **Massachusetts Health Connector Online Portal** or by calling **1-800-841-2900 (TTY: 1-800-497-4648)**					
Does the consumer have a legal guardian?	☐ Yes ☐ No				
Consumer's Legal Guardian's Name:					
Consumer's Legal Guardian's Address:					
Consumer's Legal Guardian's Telephone:					
Address for Service Delivery: *Address where the consumer will be receiving PCA services. A P.O. box is not acceptable*					
Date of Initial Referral to PCM Agency: *The date that the consumer was referred to the PCM agency for PCA services*		Referral Source:			

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Consumer Name: _____ Date of Evaluation:_____

Event(s) that Precipitated the Request for PCA Services (new applicants only): *Why the consumer is being referred for PCA services at this time, including any particular event that led to the referral (such as caregiver no longer available to provide care, etc.)*			
Living Arrangements: (check one)	☐ Assisted living ☐ Group home ☐ Lives with family	☐ Lives independently ☐ Nursing facility ☐ Transitional living	☐ Other _____
Lives With: (select all that apply)	☐ Adult children (18+) ☐ Minor children (<18) ☐ Legal guardian	☐ Other family members ☐ Parent ☐ Spouse (legally married)	☐ Partner (not married) ☐ Siblings ☐ Other _____
State/Federal Funded Residential Supports:	☐ Not applicable ☐ MassHealth group adult foster care (GAFC) ☐ MassHealth adult foster care (AFC) ☐ Dept. of Developmental Services (DDS) residential support (less than 24/7) ☐ Dept. of Children and Families (DCF) foster care ☐ Dept. of Mental Health (DMH) residential ☐ Mass. Rehabilitation Commission (MRC) residential rest home ☐ Other state funded:_____		
Does the member live with one or more other people who receive PCA services?	☐ Yes ☐ No	Names of Other Persons Receiving MassHealth PCA services:	

Current PA Information (reevaluations only):	
Current PA Number:	
Current Authorization Day/Evening Hours per Week:	
Current Authorization Hours per Night:	

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Consumer Name: _____ Date of Evaluation:_____

Section 3: Health-Related Services Currently Provided to the Consumer

Is the consumer receiving or about to receive any other services in his or her home?	☐ Yes ☐ No	
Home Health Aide	☐ Yes ☐ No	Will home health aide services continue upon PCA approval? ☐ Yes ☐ No
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____
Intermittent Skilled Nursing Visits	☐ Yes ☐ No	Will intermittent skilled nursing visits continue upon PCA approval? ☐ Yes ☐ No
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____
Continuous Skilled Nursing	☐ Yes ☐ No	Will continuous skilled nursing services continue upon PCA approval? ☐ Yes ☐ No
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____
Respite ☐ Yes ☐ No		Will respite services continue upon PCA approval? ☐ Yes ☐ No
Describe Respite Services:		
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____

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Consumer Name: _____ Date of Evaluation:_____

Elder Services	☐ Yes ☐ No	Will elder services continue upon PCA approval?	☐ Yes ☐ No
Service Type: Name of Provider:	☐ Bathing/grooming ☐ Bill paying/checkbook management ☐ Companion services ☐ Dressing/undressing ☐ Eating ☐ Environmental accessibility adaptations	☐ Grocery shopping ☐ Home delivered meals ☐ Home health aide ☐ Housekeeping ☐ Laundry ☐ Meal preparation ☐ Mobility/transfers	☐ Personal care ☐ Respite ☐ Shopping ☐ Skilled nursing ☐ Toileting ☐ Transitional assistance ☐ Transportation
Which elder services will continue upon PCA approval?			
DDS Contracted	☐ Yes ☐ No	Will DDS contracted services continue upon PCA approval?	☐ Yes ☐ No
Describe all DDS Services:			
MRC Contracted	☐ Yes ☐ No	Will MRC contracted services continue upon PCA approval?	☐ Yes ☐ No
Service Type: Name of Provider:	☐ Bathing/grooming ☐ Bill paying/checkbook management ☐ Companion services ☐ Dressing/undressing ☐ Eating ☐ Environmental accessibility adaptations	☐ Grocery shopping ☐ Home delivered meals ☐ Home health aide ☐ Housekeeping ☐ Laundry ☐ Meal preparation ☐ Mobility/transfers	☐ Personal care ☐ Respite ☐ Shopping ☐ Skilled nursing ☐ Toileting ☐ Transitional assistance ☐ Transportation
Which MRC services will continue upon PCA approval?			
Hospice Name of Provider:	☐ Yes ☐ No	Will hospice services continue upon PCA approval?	☐ Yes ☐ No
Which hospice services will continue upon PCA approval?			

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Consumer Name: _____ Date of Evaluation:_____

Homemaker	☐ Yes ☐ No	Will homemaker services continue upon PCA approval?	☐ Yes ☐ No
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____	
Meal Delivery	☐ Yes ☐ No	Will meal delivery continue upon PCA approval?	☐ Yes ☐ No
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____	
Adult Foster Care Name of Provider:	☐ Yes ☐ No	Anticipated date of discharge:	
Group Adult Foster Care Name of Provider:	☐ Yes ☐ No	Anticipated date of discharge:	
Adult Day Health Name of Provider: Days per Week/Hours per Day	☐ Yes ☐ No	Anticipated date of discharge:	
Day Habilitation Name of Provider: Days per Week/Hours per Day	☐ Yes ☐ No	Anticipated date of discharge:	
DMH Contracted Services	☐ Yes ☐ No	Will DMH services continue upon PCA approval?	☐ Yes ☐ No
Service Type: Name of Provider:	☐ Bathing/grooming ☐ Bill paying/checkbook management ☐ Companion services ☐ Dressing/undressing ☐ Eating ☐ Environmental accessibility adaptations	☐ Grocery shopping ☐ Home delivered meals ☐ Home health aide ☐ Housekeeping ☐ Laundry ☐ Meal preparation ☐ Mobility/transfers	☐ Personal care ☐ Respite ☐ Shopping ☐ Skilled nursing ☐ Toileting ☐ Transitional assistance ☐ Transportation
Which DMH services will continue upon PCA approval?			

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Consumer Name: _____ Date of Evaluation:_____

School	☐ Yes ☐ No		
Ch. 766-Special Education Program:			
Hours per Day:		Days per Week:	
Early Intervention Name of Provider:	☐ Yes ☐ No	Will early intervention services continue upon PCA approval?	☐ Yes ☐ No
Other Services Name of Provider:	☐ ☐	Will the other services continue upon PCA approval?	☐ Yes ☐ No
Describe Other Services:			
Payer/Agency: Name of Provider:	☐ Commercial insurance ☐ Dept. of Children and Families ☐ Dept. of Developmental Services ☐ Dept. of Education ☐ Dept. of Mental Health ☐ Dept. of Public Health	☐ Early intervention program ☐ MA Commission for the Blind ☐ MassHealth waiver services ☐ Medicare insurance ☐ Other _____	

Comments:

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