Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
mass.gov/masshealth

MassHealth Personal Care Attendant PCP Summary Form

This form must be fully completed and signed by the member's primary care provider, or PCP (medical doctor, nurse practitioner, or physician assistant) in order for the member to be evaluated for personal care attendant services according to the Personal Care Management (PCM) Agency Assessment for Medical Necessity (required by 130 CMR 422.000).

SECTION A. Member Information (to be completed by the PCM agency)

Member's name	MassHealth ID
Member's address	
Member's telephone number	Member's date of birth
PCM agency name	
PCM agency address	
PCM agency fax number	

ALL OTHER SECTIONS ARE TO BE COMPLETED BY THE MEMBER'S PCP.

SECTION B. Member Diagnoses

Please list any diagnoses that affect the member's functional abilities and prevent them from independently performing activities of daily living (ADL) and instrumental activities of daily living (IADL).

Diagnosis	Onset date

SECTION C. Medications

Please list all the medications the member is currently prescribed. If there is insufficient space below, please include a medication list.

Medication and dosage	Frequency	Route

Member Name: _____ MassHealth Member ID: _____

SECTION D. Complex Care Needs

1. Does the member need digital rectal stimulation (DRS)? ☐ Yes ☐ No
   If yes, please answer the question below.
   Does the member need assistance from a caregiver to complete this task? ☐ Yes ☐ No

2. Does the member need feeding via enteral tube (gastrostomy or jejunostomy tube)? ☐ Yes ☐ No
   If yes, please answer the question below.
   Does the member need assistance from a caregiver to complete this task? ☐ Yes ☐ No

For members with aspiration risk:

MassHealth does not approve skilled care services performed by a personal care attendant (PCA). Feeding via enteral tube for a member who is at risk of aspiration is a skilled care service and may only be performed by a health care professional, a parent, or a legal guardian, per regulations and subregulatory guidance published under "PCA Standard Operating Procedures."

Is the member at risk of aspiration during feeding via G & J tube? ☐ Yes ☐ No

Is feeding via enteral tube by someone other than a skilled caregiver clinically appropriate? ☐ Yes ☐ No

Diagnoses associated with these tasks

ICD-10 codes

Please summarize the member's need for assistance with these complex care tasks.
(You must complete this summary if you answered Yes to Question 1 or 2 of Section D.)

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SECTION E. PCP Attestation

Please sign in accordance with MassHealth All Provider Bulletin 385.

I certify that the information provided, as well as any attached documentation or statement, is true and complete to the best of my knowledge. I understand that I may be subject to civil penalties and criminal prosecution for any falsification, omission, or concealment of any material fact herein.

Provider name	National Provider Identifier / MassHealth Provider ID
Provider address	Provider telephone number

Provider signature ..... Date .....

Print Clear