



Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

## Standard Documentation to Include with a Prior Authorization Request for Personal Care Attendant (PCA) Services

The following is a list of documentation that Personal Care Management (PCM) agencies must submit, as appropriate, when requesting prior authorization (PA) for PCA services. This documentation must be submitted along with the completed MassHealth Application for PCA Services (PCA-1) form, and the completed and signed MassHealth Evaluation for PCA Services (PCA-2) form. This documentation will assist MassHealth in determining medical necessity for PCA services and will facilitate the timely processing of PA requests. A PCM agency may also submit with the PA request any additional documentation that supports the consumer's medical necessity for PCA services.

Required Documentation	Required in the following scenarios	Rationale/Justification
<b>PCA Consumer Assessment</b>	A new Consumer Assessment is required for every PA request. After the initial Consumer Assessment and PA request, a new Consumer Assessment must be conducted annually prior to the submission of the new PA request.	130 CMR 422.416 (A)(4) Requests for prior authorization for PCA services must include the completed and signed assessment of the member's ability to manage the PCA program independently.
<b>PCP Summary Form</b>	Required for all initial PA requests and all PA requests that include complex care tasks.	130 CMR 422.416 (A)(1) Requests for prior authorization for PCA services must include the completed MassHealth Application for PCA Services, PCP Summary form, and MassHealth Evaluation for PCA Services; <a href="#">PCA Bulletin 17</a>
<b>Electronic Medical Record (EMR)</b>	Required for all PA requests if a PCP Summary Form is not submitted. (i.e. re-evaluations that do not include complex care tasks)  EMR must include the following information: <ul style="list-style-type: none"><li>• Chronic disabling condition(s) that require them to need PCA Services and ICD-10 codes</li></ul>	PCM Contract Section 2.2.C.2.a.2.b For Re-evaluations, a copy of the Consumer's Electronic Medical Record (EMR) can be substituted for the PCP Summary Form if the Re-evaluation does not include Complex Care tasks.

	<ul style="list-style-type: none"> <li>• Date of onset for chronic disabling condition(s) that require them to need PCA Services</li> <li>• Medications for chronic disabling condition(s) that require them to need PCA Services</li> <li>• At least 2 consumer identifiers (ex. Name, date of birth, MassHealth ID, etc.)</li> <li>• Date of most recent visit with PCP or specialist related to the chronic disabling condition (must be within the last 2 years)</li> </ul>	
<b>CMS form 485 Home Health Certification and the Individualized Plan of Care or CMS form 487 Home Health Addendum — as appropriate</b>	Required if the PCA consumer is receiving home health services or the consumer's home health services are being discontinued. See Section IV(a) of the PCA application.	Used to determine what home health services the consumer is currently receiving, or was receiving, and to provide further information on any functional abilities or limitations of the consumer.
<b>Frail Elder Waiver-Comprehensive Service Plan</b>	Required if the PCA consumer receives services through the Frail Elder Waiver. Submit the document from the ASAP with the authorization (screenshot), not the contract from the vendor	Consumer is engaged in potentially duplicative services.
<b>Traumatic Brain Injury Waiver - Plan of Care</b>	Required if the PCA consumer receives services through the TBI Waiver. Submit the Plan of Care from MassAbility that captures the service authorization.	Consumer is engaged in potentially duplicative services.  Shared Living - 24 Hour Supports service or Residential Habilitation service in the Plan of Care indicates that the individual receives 24/7 residential supports and therefore PCA services would duplicate services provided through the residential supports contract.
<b>Acquired Brain Injury Non-Residential Habilitation (ABI-N) Waiver or Moving Forward Plan Community Living (MFP-CL) Waiver – Plan of Care</b>	Required if the PCA consumer receives services through the ABI-N or MFP-CL Waiver. Submit the Plan of Care from MassAbility that captures the service authorization.	Consumer is engaged in potentially duplicative services.
<b>Acquired Brain Injury with Residential Habilitation (ABI-RH) Waiver or Moving Forward Plan Residential Supports (MFP-RS) – Plan of Care</b>	Required if the PCA consumer is receiving services through the ABI-RH or MFP-RS Waiver. Submit the Plan of Care from DDS that captures the service authorization.	These individuals receive 24/7 residential supports and therefore PCA services would duplicate services provided through the residential supports contract.

<b>DDS Adult Supports Waiver, Community Living Waiver, or Intensive Supports Waiver – Plan of Care</b>	<p>Required if the PCA consumer is receiving services through a DDS Waiver. Submit the Plan of Care from DDS that captures the service authorization.</p>	<p>Consumer is engaged in potentially duplicative services.</p> <p>Residential Habilitation service in the Plan of Care indicates that the individual receives 24/7 residential supports and therefore PCA services would duplicate services provided through the residential supports contract.</p>
<b>Department of Developmental Services (DDS) forms</b> — copy of DDS Contract Summary Form and DDS PCA Referral Form, completed and signed by DDS and the PCM agency, where appropriate. If the consumer receives no DDS-funded residential supports, but is DDS-eligible and does not live with his/her parents, then submit a copy of the PCA Referral Form only.	<p>Required if the PCA consumer is DDS-eligible, equal to or older than 22, and is receiving DDS-funded residential supports (less than 24/7) and is not living with his/her parents or legal guardian. For PCA consumers under 22, PCM should provide a short summary of services provided by DDS.</p> <p><b>Note:</b> DDS consumers who receive DDS-funded residential supports on a 24/7 basis receive all personal care assistance through DDS. Therefore, personal care services would duplicate services provided through the residential supports contract and are not covered for such consumers.</p>	<p>The DDS forms will be used to identify whether or not DDS-funded residential supports are provided to the consumer and to ensure that the requested PCA services are not duplicative of services provided by DDS.</p>
<b>Copy of the residential supports contract from the residential vendor or the state agency.</b>	<p>Required if the PCA consumer is not DDS-eligible but is receiving residential support services (24/7 or less than 24/7), funded by a state agency other than DDS, such as the MassAbility, Department of Mental Health (DMH), or Department of Children and Families (DCF), etc.</p>	<p>The residential support contract is used to determine whether or not the requested PCA services are duplicate services provided through the residential supports contract.</p>
<b>Documentation on transportation to medical appointments</b> — name of doctor/clinic, specialty, start location, city/town of medical appointment, frequency (monthly, quarterly, annual, etc.), and mode of transportation (bus, car, etc.). Include transfer time in and out of home and in and out of medical provider's office. This information can be included on the PCA evaluation form (PCA-2) or on a separate sheet.	<p>Required if the PCM agency is requesting time for the PCA to accompany the consumer to medical providers.</p>	<p>Used to support the requested number of minutes for the PCA to accompany the consumer on medical appointments.</p>

<p><b>The date of discharge or the anticipated date of discharge from an inpatient facility</b></p>	<p>Required if the PCA consumer is being discharged from a nursing facility or other inpatient facility or has a future anticipated discharge date.</p> <p><b>Note:</b> MassHealth cannot pay for PCA services while a consumer is in an inpatient facility.</p>	<p>Used to determine when a consumer's PA should take effect. The PCM agency must contact the PA Unit when it submits an <b>initial</b> PA request for a consumer being discharged from a facility. Contact the PA Unit at <a href="mailto:support@masshealthtss.com">support@masshealthtss.com</a> with "Expedited Request Facility Discharge – Tracking #XXXXXXX" in the subject line.</p>
<p><b>The MassHealth adult foster care (AFC) provider's discharge plan complete with date of discharge from the AFC provider agency or The MassHealth group adult foster care (GAFC) discharge summary report from the GAFC provider agency</b></p>	<p>Required when a MassHealth member has been receiving MassHealth AFC or GAFC service and has applied for PCA services.</p> <p><b>Note:</b> A consumer cannot receive both PCA services and AFC or GAFC services. The PCA Prior Authorization may be adjudicated with a contingency message until confirmation of AFC/GAFC services and Prior Authorization being terminated</p>	<p>Used to document that the consumer will be discharged from AFC/GAFC before PCA services start.</p>
<p><b>Hospice plan of care from the consumer's hospice provider</b></p>	<p>Required when a PCA consumer has elected hospice and is either receiving, or has requested to receive, PCA services.</p>	<p>PCM agencies must obtain the consumer's hospice plan of care from the hospice provider and submit it to MassHealth in accordance with MassHealth PCA Bulletin 4, dated August 2009.</p>
<p><b>Documentation on instrumental activities of daily living (IADLs) for a consumer living with family members</b> — Provide written justification for why the consumer's family member(s) (as defined in 130 CMR 422.402) cannot provide the routine IADL assistance.</p>	<p>Required when the PCM agency is requesting time for IADLs, and the consumer lives with family member(s) (as defined in 130 CMR 422.402).</p> <p><b>Note:</b> If the consumer is a child, PCM must provide written justification for why consumer's parent/legal guardian cannot provide routine IADL assistance.</p>	<p>130 CMR 422.410(C)(1) states: "When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member."</p> <p>The PCM agency must submit written justification that describes the consumer's individual circumstances that prevent family members living with the consumer from providing physical assistance with IADLs. (<b>Note:</b> a parent/legal guardian having to work or sleep does not qualify for IADL assistance)</p>

<p><b>Documentation from Department of Children and Families (DCF) that includes the list of tasks approved by DCF's Parent and Children Together (PACT) program and the time allowed for each task</b> — The list of PACT tasks approved by DCF and the time allowed for each task is maintained in the consumer's DCF case record. Contact the member's local DCF office to obtain a copy of this list.</p>	<p>Required when a PCA consumer receives foster care provided through DCF and the foster parent receives supplemental payment through DCF's <b>PACT</b> program to provide care beyond what an average child requires. This may include assistance with ADLs.</p>	<p>To ensure no duplication of services between the list of PACT tasks and the ADLs or IADLs requested for PCA.</p>
<p><b>Documentation from Wellsense</b> that includes the DCF Individual Care Plan, list of all services being utilized (including continuous skilled nursing); who is providing each service; schedule of when the services are being provided to the consumer; and name and contact information for the nurse practitioner approving the service and providing case management for the consumer if needed.</p> <p><b>To obtain this documentation, contact Wellsense:</b>  <a href="mailto:karen.powell@mass.gov">karen.powell@mass.gov</a>  You must provide a copy of the consumer's authorization to release information.</p>	<p>Required when the PCA consumer is enrolled in <b>Special Kids/Special Care program (SKSC)</b>, a program cosponsored by the DCF and MassHealth. Children in SKSC are in the custody of DCF, are living in foster homes, and have special health-care needs. Wellsense is under a contract with MassHealth to provide for a full range of medical services to be delivered in the child's foster home or other appropriate settings when medically necessary. This may include assistance with ADLs and IADLs. PCM agencies can e-mail <a href="mailto:karen.powell@mass.gov">karen.powell@mass.gov</a> to find out if a child is enrolled in SKSC.</p>	<p>To ensure no duplication of services between the services provided under the Special Kids/Special Care Program (SKSC) and PCA services.</p>